MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05656

# 5685 CERTIFICATE OF DEATH

Reg. Dist. No. 214

**1. PLACE OF DEATH:**

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

LENGTH OF STAY (in this place): 2 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural give location): 12103 Conneticut Ave

**3. NAME OF DECEASED:** (Type or Print) (First) Joseph (Middle) William (Last) Addis

**4. DATE OF DEATH:** (Month) June (Day) 26 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | widowed | March 3 1875 | 79 yrs. | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Store Owner | Grocery | New York | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| William Addis | Laurence |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| NO | No | 094-03-4741-A | Lawrence Addis 12103 Conneticut Ave Silver Spring Md |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 6 months |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Arteriosclerotic Heart Disease | 20 years |
| | (c) DUE TO Generalized Arteriosclerosis | 25 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan 20, 1953 to June 26 1954 that I last saw the deceased alive on June 26 1954, and that death occurred at 9 P.M. from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| John J Curry M.D. | 11301 Georgia Ave S.S. | June 26'54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Transit-Burial | June 29, 1954 | Greenhill Cemetery | Asheville North Carolina |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 28, 1954 | Frances Potter | J.H. Hines Co. | 2901 14th St N.W. Washington D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05657

: 5686 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,
STREET ADDRESS (If rural give location) 4623 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) Hewitt (Last) Anderson

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 5, 1878

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mont. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Darrell McCormick

14. MOTHER'S MAIDEN NAME: Nina Burche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mildred Pierson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 170X Metastatic (A) Carcinoma of the lungs — INTERVAL BETWEEN ONSET AND DEATH: four years.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) original sarcoma carcinoma removed with

DUE TO (C) left breast.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to June 13, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 8.35 A.M., from the causes and on the date stated above.

SIGNATURE Alfred S. Norton M.D. ADDRESS Bethesda Md DATE SIGNED 6/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF June 16, 1954

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/14/54

REGISTRAR'S SIGNATURE Bessie Mathompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 16 1954
BUREAU V. S.

Film G168 Item 14 7/1/54 emf

5687

05658 Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda; LENGTH OF STAY (in this place) 18 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring, Md.; STREET ADDRESS (If rural, give location) No. 514 Leighton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) A. (Last) Apple

4. DATE OF DEATH (Month) June (Day) 16 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10 | 15 | 34

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): —

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John III. Apple

14. MOTHER'S MAIDEN NAME: Dorothy E. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Tridione & Mysoline poisoning — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Was an epileptic & took drug by mistake

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) 15 (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 | 22 | 54 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Accidental drug poisoning ?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6-24-54

23. (BURIAL) CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 27 June 54; NAME OF CEMETERY OR CREMATORY George Washington Cemetery; LOCATION (City, town, or county) (State) Prince Georges Co., Md.

DATE REC'D BY LOCAL REG. 6/24/54; REGISTRAR'S SIGNATURE Bessie M. Thompson; 24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters, 254 Carroll St. N.W., DC.

RECEIVED
JUN 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted] 05659

# 5683 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5412 Huntington Pkwy.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5412 Huntington Pkwy.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) WORK (Last) ARMSTRONG

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Dec. 15, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 5 Days 13 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ~~Xxxxxxxx~~ Samuel D. Work
14. MOTHER'S MAIDEN NAME: Victoria Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Dorothy A. Rogers-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) DUE TO Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs +
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —
(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1954, to June 8, 1954 that I last saw the deceased alive on June 1, 1954, and that death occurred at 9:15 A.M., from the causes and on the date stated above.
SIGNATURE Karl Dortbeck M. D. ADDRESS DATE SIGNED 6/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit
DATE THEREOF 6-8-54
NAME OF CEMETERY OR CREMATORY New Grey
LOCATION (City, town, or county) (State) Knoxville, Tenn.

DATE REC'D BY LOCAL REGISTRAR 6/8/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert M. Crumpley
ADDRESS Bethesda, Md.

RECEIVED
JUN 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05660

5689

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 28 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS — (Home)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural, give location) 12910 Georgia Ave., Silver Spring Md.

**3. NAME OF DECEASED:** (Type or Print) (First) MATTHEW (Middle) IVANOVICH (Last) AUKSHTAKALNIS

**4. DATE OF DEATH:** (Month) JUNE (Day) 24 (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married

**8. DATE OF BIRTH:** July 7 1878

**9. AGE last birthday:** 75 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Merchant

**10b. KIND OF BUSINESS OR INDUSTRY:** Clothing

**11. BIRTHPLACE** (State or foreign country): Lithuania (Popiela

**12. CITIZEN OF WHAT COUNTRY?** STATELESS

**13. FATHER'S NAME:** IVANOVICH AUKSHTAKALNIS

**14. MOTHER'S MAIDEN NAME:** Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** (SON) STANLEY AUKSHTAKALNIS 12,910 Ga. Ave., Silver Spring, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
150X
**Immediate cause** (a) Cancer of Esophagus & metastasis to brain DUE TO
**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: July 1952 to date

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia & pulmonary edema

**19a. DATE OF OPERATION:** 0 None

**19b. MAJOR FINDINGS OF OPERATION:** None

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) Natural

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from July, 1953 to June 24, 1954, that I last saw the deceased alive on June 24, 1954, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Belden R. Leap M.D. Silver Spring Md. 6/24/54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF 6/28/54

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 6/28/54

REGISTRAR'S SIGNATURE: Frances Potter

**24. FUNERAL DIRECTOR** ADDRESS: Warner E. Pumphrey 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05661

5667 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md.; STREET ADDRESS (If rural give location) 212 Tulip Ave.

3. NAME OF DECEASED: (Type or Print) (First) WINIFRED (Middle) JULIA (Last) AXTELL

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-3-86

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWIN HOY

14. MOTHER'S MAIDEN NAME: HARIETT TOZIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardio-vasc dis — 4 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 June, 19 54, to 21 June, 19 54 that I last saw the deceased alive on 21 June, 19 54, and that death occurred at 2:45 a.M., from the causes and on the date stated above.

SIGNATURE Ernest E Harmon M. D. ADDRESS 9301 Colesville Rd Silver Spring Md DATE SIGNED 21 June 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial. DATE THEREOF June 24 1954 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) (State) Bladensburg Rd. Pr Geo Co., Md.

DATE REC'D BY LOCAL REGISTRAR June 21-1954 REGISTRAR'S SIGNATURE Marion Reda

24. FUNERAL DIRECTOR J. ARTHUR WALTERS, ADDRESS 9254 CARROLL ST. N.W. Takoma Park D.C.

RECEIVED
JUN 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05662

5690 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kannapollis
STREET ADDRESS (If rural give location) 309 Pine Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Dick (Middle) (n) (Last) BALLARD

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-21-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Police

10b. KIND OF BUSINESS OR INDUSTRY: Goverment

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wade BALLARD

14. MOTHER'S MAIDEN NAME: Hattie ALLEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Sister Miss Lucy TATE 309 Pine Street, Kannapollis, N.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.20.0

Immediate cause (a) Infarction of Myocardium — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 6 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis, cerebral arteries — 1 month

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 19 54, to 15 June, 19 54, that I last saw the deceased alive on 15 June, 19 54, and that death occurred at 3:12 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. O. PECKINPAUGH LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 6-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 18 June 1954 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 16 June 1954 | REGISTRAR'S SIGNATURE Mary E. Farrell

24. FUNERAL DIRECTOR ADDRESS CHAMBERS Funeral Home 1400 Chapin Street NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1954
BUREAU V. S.

05663

# MARYLAND STATE DEPARTMENT OF HEALTH

5691 2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2802 Blaine Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md
STREET ADDRESS (If rural, give location) 2802 Blaine Drive

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) J (Last) BASCOM

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: White. | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 26 Feb 1871 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months 4 Days 4 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Dept. Interior | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Bascom | 14. MOTHER'S MAIDEN NAME: Clive Longley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 578-30-8227 | 17. INFORMANT AND ADDRESS: Mrs. Carolyn G. Bascom-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute congestive heart failure | 2 months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Valvular heart disease | 7 years |
| | (c) Subacute bacterial endocarditis | 7 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to June, 1954, that I last saw the deceased alive on 21 June, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Herbert Martyn M.D. | 5029 Bethesda Ave. Bethesda Md | 30 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/2/1954 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REG. 7/3/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Roberts A. Pumphrey | ADDRESS [illegible]

RECEIVED
NOV 6 1954
BUREAU V. S.

05664

MARYLAND 5692

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 918 Saxonburg Blvd.
STREET ADDRESS (If rural, give location) Pittsburgh, Pa

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Michael (Last) Bender
4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 54

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 28 1898
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police
10b. KIND OF BUSINESS OR INDUSTRY Steel
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Bender
14. MOTHER'S MAIDEN NAME Elizabeth Busse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Marines (If year, give war or dates of service) 1922
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS ANNA W. BENDER Wife Same. OS #2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Myocardial Infarction | 18 hours |
| Antecedent cause(s) | Coronary Thrombosis | 1-2 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Bronchopneumonia | 6 hours |
| | (c) Generalized Ar[illegible] | 5 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1954, to June 12, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 12644 Connecticut Ave. Kensington, Md. DATE SIGNED 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE 6-13-54
NAME OF CEMETERY OR CREMATORY Mt. Royal Cemetery
LOCATION (City, town, or county) (State) Allegheny Co., Penna

DATE REC'D BY LOCAL REG. 6/13/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 15 1954
BUREAU V. S.

05665

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5693 **CERTIFICATE OF DEATH** Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna
STREET ADDRESS (If rural give location) Route 4 Box 133 M

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) L. R. (Last) BRAGG

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 22, 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Accountant
10B. KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William W. BRAGG
14. MOTHER'S MAIDEN NAME: Mary E. MC CARTHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No. Unknown
17. INFORMANT & ADDRESS: Mrs. Mary G. Bragg Wife Route 4 Box 133M Vienna, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X IMMEDIATE CAUSE (A) Pulmonary edema — 12 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Bronchogenic carcinoma with metastasis to pleura — 6 months
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. liver, adrenals, spine

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May, 1954, to 17 June, 1954 that I last saw the deceased alive on 17 June, 1954, and that death occurred at 6:15 A M, from the causes and on the date stated above.

SIGNATURE M. E. Flippe Jr — ADDRESS M. E. FLIPPE JR LT MC USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 6-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 21 June 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 17 June 1954
REGISTRAR'S SIGNATURE Mary L. Farrelly
24. FUNERAL DIRECTOR ADDRESS FITZGERALD Funeral Home 3245 Wilson Blvd Arlington, Virginia

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
JUN 18
BUREAU V. S.

5694 05666

MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) (Last) Brannison

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1954

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug-19-1869
9. AGE last birthday 84 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Rockville, Montg Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Brannison
14. MOTHER'S MAIDEN NAME Mary Duffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Lawrence A Brannison, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral accident — May-1954

(c)

INTERVAL BETWEEN ONSET AND DEATH 5-10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1950, to June-25, 1954, that I last saw the deceased alive on May-25, 1954, and that death occurred at 10:50 A. m., from the causes and on the date stated above.

SIGNATURE William C. Miller, M.D. (Degree or title) 7-Brooke Ave. ADDRESS Gaithersburg, Md. DATE SIGNED 6-28-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 28. 1954
NAME OF CEMETERY OR CREMATORY St Paul
LOCATION (City, town, or county) Sugarland, Md (State)

DATE REC'D BY LOCAL REG. June 28, 1954
REGISTRAR'S SIGNATURE Dorothy M. Jackson
24. FUNERAL DIRECTOR Robert L. Saxevden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
JUL 2 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05667

5695 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) BRAXTON (Middle) Mary Lavinia (Last) Braxton
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 29, 1954
9. AGE last birthday: yrs. 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard Curtis Braxton
14. MOTHER'S MAIDEN NAME: Elza Lucille Awkard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Atelectasis & Prematurity
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 54, to June 1, 19 54, that I last saw the deceased alive on June 1, 19 54, and that death occurred at 2:15 P.M., from the causes and on the date stated above.
SIGNATURE Sebian K. Ziegler (Degree or title) M.D. ADDRESS Olney DATE SIGNED June 1, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/3/54
NAME OF CEMETERY OR CREMATORY Took Hope
LOCATION (City, town, or county) Colesville (State) Md
DATE REC'D BY LOCAL REGISTRAR 6-3-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert P. Knowles ADDRESS Rockville Md

2044423251

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 8 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05669

5696

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrett Park
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11,010 Kenilworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
STREET ADDRESS (If rural give location) 11,010 Kenilworth Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CHARLES F. CHISHOLM

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Oct. 22, 1859

9. AGE last birthday 94 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Patent Examiner, U.S.Govt.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chazy, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Hope Chisholm

14. MOTHER'S MAIDEN NAME: Eunice Fillmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: (Garrett Park, Md.
Haile Chisholm, 11,010 Kenilworth Ave.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Old Age — 11

DUE TO (C) Natural Causes

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1940 to June., 1954 that I last saw the deceased alive on June 19, 1954, and that death occurred at 1:48 P.M., from the causes and on the date stated above.

SIGNATURE Bradley D Hodgkins M.D. ADDRESS 913 W Bradley Lane DATE SIGNED 6/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Ship. & burial
DATE THEREOF June 21, 1954
NAME OF CEMETERY OR CREMATORY Riverside Cemetery
LOCATION (City, town, or county) Chazy, New York (State)

DATE REC'D BY LOCAL REGISTRAR 6/21/54
REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

RECEIVED
JUN 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05670

5697 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Christian

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5 SEX: Female | 6 COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH: May 5 1878 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME: Louis D. Sprinkle | 14. MOTHER'S MAIDEN NAME: Lucy Lasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: A. W. Christian Lincoln Park, Rockville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-respiratory collapse — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Calcific Aortic valvular disease — ? years

(C) Rheumatic and arteriosclerotic Disease — ? years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 1954, to 10 June, 1954, that I last saw the deceased alive on 10 June, 1954, and that death occurred at 8:25 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Suburban Hosp. Bethesda Md. DATE SIGNED 11 June '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-15-54 | NAME OF CEMETERY OR CREMATORY Emerly Park | LOCATION (City, town or county) Rockville Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/15/54 | REGISTRAR'S SIGNATURE Bessie M. Hutchinson | 24 FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17
BUREAU V. S.

05671

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5698 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY. If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 51 West Lenox Street

3. NAME OF DECEASED: (Type or Print) (First) Glenn (Middle) C (Last) CLAY

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-8-12

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY: Legal

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry C. CLAY

14. MOTHER'S MAIDEN NAME: Lydia WATSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Brother: Mr. Homer C. CLAY 51 W Lenox St., Chevy Chase, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma, lung, with metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May, 1954, to 4 June, 1954, that I last saw the deceased alive on 4 June, 1954 and that death occurred at 3:41 A M, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh ADDRESS R. O. PECKINPAUGH LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 6-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7 May 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 4 JUN 1954

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR ADDRESS CHAPMANS Funeral Home 3072 M Street NW Washington, D.C.

RECEIVED
JUN 7 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05672

5699 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rurall
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47
STREET ADDRESS (If rural give location) 2311 Connecticut Ave, NW

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (n) (Last) CONARD
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 3, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William CONARD
14. MOTHER'S MAIDEN NAME: Adelaide ZIMMERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WW II Spanish American
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Margaret F. CONARD 2311 Conn.Ave/,NW, Washington,D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) DUE TO Infarction, myocardium — one month.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May, 19 54 to 19 June, 19 54, that I last saw the deceased alive on 19 June, 19 54, and that death occurred at 10:03A M, from the causes and on the date stated above.

SIGNATURE B. L. CANAGA JR CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 22 June 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 21 June 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: JOSEPH GAWLERS AND SONS — ADDRESS 1756 Penn. Ave., NW, Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 23 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05673

5700

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10414 Lorain ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Md.
STREET ADDRESS (If rural give location) 10414 Lorain ave.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) M. (Last) Connelly
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 1-1-1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Quincy Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bickelhaupt
14. MOTHER'S MAIDEN NAME: Kathine Ruths

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Jack H. Connelly (Son) 10414 Loraine ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Natural Causes (old age) 85 yrs
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1952, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 11 45 PM from the causes and on the date stated above.

SIGNATURE Frank B. Leslie (Degree or title) M.D. ADDRESS 8901 Ga. av. Silver Spring Md. DATE SIGNED June 12, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6-14-54
NAME OF CEMETERY OR CREMATORY Ft Lincoln Crematory
LOCATION (City, town, or county) Prince Georges Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115674

5701 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 107 Grafton Street

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Merriam (Last) COX

4. DATE OF DEATH. (Month) June (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 28, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willis MERRIAM

14. MOTHER'S MAIDEN NAME: Nellie PEASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband: Mr. Ormond L. COX 107 Grafton St., Chevy Chase, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Infarction myocardium — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebrovascular thrombosis — 4 days; Pneumonia — 4 days

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 JUN, 1954 to 11 JUN, 1954, that I last saw the deceased alive on 11 JUN, 1954, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE C. S. STROUD JR. CDR MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 14 June 1954 — NAME OF CEMETERY OR CREMATORY Ceder Hill Crematory — LOCATION (City, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REGISTRAR 12 June 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. Pumphrey Feneral Home — ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05675

5702 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1354 Pennsylvania Avenue SE

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl "B" (Last) CRAWFORD

4. DATE OF DEATH. (Month) June (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH. June 24, 1954
9. AGE last birthday: 1 day yrs. IF UNDER 1 YEAR: Months Days 1 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hiram Herbert Crawford
14. MOTHER'S MAIDEN NAME: Mary Geraldine Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: #2 above Father: Hiram Herbert CRAWFORD: Same as

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity — 1 day

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 June, 1954, to 25 June, 1954, that I last saw the deceased alive on 25 June, 1954, and that death occurred at 10 a M, from the causes and on the date stated above.

SIGNATURE Marvin S. Allen — ADDRESS M.D. U.S. Naval Hospital Bethesda, Md. — DATE SIGNED 25 June 54

Marvin S. Allen LT MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 28 June 1954
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8 June 1954
REGISTRAR'S SIGNATURE: Mary E Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY HOME, 7557 Wisconsin Ave., Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A15—10-53

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BUREAU V. S.

Dr. Philip Bloemsma
5911 16th St. N.W.
Wash. 11 D.C.

05676

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5668

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

Park Nursing Home 7420 Maple Ave

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Takoma Park MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK MD. — LENGTH OF STAY (in this place) 5 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Nursing Home 5420 Maple Ave | STREET ADDRESS (If rural, give location) 3423 Oliver St. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) George (Middle) R. (Last) Davis | | | 4. DATE OF DEATH (Month) June (Day) 11 (Year) 1954 | | |
| 5. SEX Man | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Feb. 9 6 1884 | 9. AGE last birthday 70 yrs. | If under 1 year Months Days / If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Nat'l Press Club | | 11. BIRTHPLACE (State or foreign country) Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Thomas Davis | | | 14. MOTHER'S MAIDEN NAME Gwenn Thomas | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Geo. F. Davis Item 2 | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) double bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebro-vascular accident

(c) + thrombosis cerebral vessels

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1954, to June 11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 5.15 p.m., from the causes and on the date stated above.

SIGNATURE Dr. Philip Bloemsma (Degree or title) M.D. ADDRESS 5911, 16th St. N.W. Washington 11 D.C. DATE SIGNED 6-11-54

TALKED TO CORONER Dr. BROSCHART at 6.15 pm for permission to sign. -

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-14-54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland | (State) Md. |
| DATE REC'D BY LOCAL REG. 6/12/54 | REGISTRAR'S SIGNATURE J. Nelson Dodd | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15
BUREAU V. S.

Film #G168 Item # 13, 14 6/29/54 emf

Items 8, 9: Film G 168 7-6-54

05677

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 5703 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4511 Rosedale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4511 Rosedale Ave.

3. NAME OF DECEASED: (First) EDWARD (Middle) TILDEN (Last) DEIBEL
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 16, 1877 (1876)
9. AGE last birthday: 77 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt
11. BIRTHPLACE (State or foreign country): Fresno, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Paul Deibel 3543-16th St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: one week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — years

19a. DATE OF OPERATION: D
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13 ....,1954, to 6-21..., 1954, that I last saw the deceased alive on 6-20 ..., 1954, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Russell M. Tilley, Jr. M.D.
ADDRESS 4325-42nd St. N.W. Wash. D.C.
DATE SIGNED 6-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/24/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George Co. Md.
DATE REC'D BY LOCAL REGISTRAR 6/22/54
REGISTRAR'S SIGNATURE Bessie M. Hagerstrom
24. FUNERAL DIRECTOR L. H. Hines Co. Washington D.C.
ADDRESS

VS. A15

JUN 24 1954
BUREAU U. S.

Film #G167 Item # 8
6/23/54 emf

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05678

5704

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (in this place) 6 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 1204 - Highland Drive

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) L. (Last) DEMPSEY

4. DATE OF DEATH: (Month) JUNE (Day) 14, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOW[ER], DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 14 1862

9. AGE last birthday: 81 yrs. If under 1 year: Months 8; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Farmers (ouid), New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John O'Leary

14. MOTHER'S MAIDEN NAME: Rose O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS. A. L. COLEMAN - 1204 Highland Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral vascular accident | 11 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) essential hypertension | 25 yrs. |
| | (c) generalized arteriosclerosis | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to June 14, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 7852 16th St. N.W. Wash 12 DATE SIGNED 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: JUNE 17/54; NAME OF CEMETERY OR CREMATORY: —; LOCATION (City, town, or county) (State): PORT JERVIS, NEW YORK

DATE REC'D BY LOCAL REG.: —

REGISTRAR'S SIGNATURE: —

24. FUNERAL DIRECTOR: Martin W. Hysong Co. - Wash. D.C. ADDRESS: 1300 - N ST. N.W.

RECEIVED
UN 17 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05679

5705

# CERTIFICATE OF DEATH

Reg. Dist. No. 1[illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 3819 Kanawha Street

3. NAME OF DECEASED: (First) Sara (Middle) Ann (Last) DEUTERMANN

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 18 June 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days: 2 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harold T. DEUTERMANN

14. MOTHER'S MAIDEN NAME: Dorothy T. TINAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Father Mr. Harold T. DEUTERMANN, 3819 Kanawha St NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) DUE TO: Mongolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Prematurity — 2 days

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [N] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1954, to 20 June, 1954, that I last saw the deceased alive on 20 June, 1954, and that death occurred at 5:20A M, from the causes and on the date stated above.

SIGNATURE: [signature] M.D. — ADDRESS: P-3606 LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 6-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 22 June 1954 — NAME OF CEMETERY OR CREMATORY: Naval Academy Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: 21 June 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR ADDRESS: R. A. PUMPHREY Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

U.S. A15—10-53

20644404356

RECEIVED
JUN 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5680)

# CERTIFICATE OF DEATH

5706

Reg. Dist. No. 21-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg. Co, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg; STREET ADDRESS (If rural give location) 110 N. Frederick Ave

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Alton (Last) DeVilbiss

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb 15-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 4 Days 15; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Rufus W. DeVilbiss

14. MOTHER'S MAIDEN NAME: Rachael R. Norwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): / (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Corrie V. Woodward. Gaithersburg

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO with Myocardial Infarction — Interval Between Onset And Death: 1½ hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis DUE TO — Years
(c) due to Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 10.55 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg Md DATE SIGNED July 2, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-3-54. | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) Gaithersburg. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 2, 1954 | REGISTRAR'S SIGNATURE Arnold L. Locke

24. FUNERAL DIRECTOR Ernest C. Gartner, ADDRESS Gaithersburg, Md.

VS. A15

JUL 6 1954
BUREAU V. S.

05681

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

5707 FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2808 Byron Ct.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2808 Byron Ct.

3. NAME OF DECEASED (Type or Print) (First) Seborn (Middle) Eugene (Last) Tillon

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8-8-1906
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] D.C.
10b. KIND OF BUSINESS OR INDUSTRY Water Dept.
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm J. Tillon
14. MOTHER'S MAIDEN NAME Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leona E. Tillon (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | death |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Bennville
DATE THEREOF 6-12-54
NAME OF CEMETERY OR CREMATORY 741-11th St N.E.
LOCATION (City, town, or county) Wash. 3 D.C. (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Regis'l Walsh 741 11th St N.E. ADDRESS

No. 97 Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 17
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

05682

# CERTIFICATE OF DEATH

5708

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bethesda Md. LENGTH OF STAY (in this place) 6/9/54 - 6/16/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cabin John Md.
STREET ADDRESS (If rural give location) 6506 - 81st St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) N. (Last) Dovener

4. DATE OF DEATH (Month) June (Day) 16, (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 10/12/70 | 9. AGE last birthday 83 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): W. ~~Virginia~~ | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Blackburn B. Dovener | 14. MOTHER'S MAIDEN NAME: Margaret Linch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mary Louise Dovener (wife) Cabin John Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO Infarction due to Coronary Arteriosolerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1954, to 16 June 1954, that I last saw the deceased alive on 16 June, 19 54, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE Zack W Sanders M. D. ADDRESS Cabin John Md DATE SIGNED 16 June 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 6-17-54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/18/54 | REGISTRAR'S SIGNATURE Benjamin Thompson | 24. FUNERAL DIRECTOR Robert H Humphrey | ADDRESS [illegible]thesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 21 1954
BUREAU V. S.

Fi[illegible] ten - 7
6/29/54 [illegible]

05683

MARYLAND STATE DEPARTMENT OF HEALTH

5709

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 4 mos. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 8601 Old Bladensburg Road | STREET ADDRESS (If rural, give location) 8601 Old Bladensburg Road |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) JAMES JOSEPH DUNNING (Middle) (Last) | | | 4. DATE OF DEATH (Month) June (Day) 20 (Year) 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH May 2, 1916 | 9. AGE last birthday 38 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager — Building Supply Company | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) New York City | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13. FATHER'S NAME Wm. Francis Dunning | | | 14. MOTHER'S MAIDEN NAME Elizabeth Craig | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2 | | 16. SOCIAL SECURITY No. Yes | 17. INFORMANT AND ADDRESS Victor R. Dunning, 1320 Odell St., Bronx, New York | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosshart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 6-26-54

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Ship & Burial | June 20, 1954 | St. Raymond's Cemetery | Bronx, New York, N. Y. |

DATE REC'D BY LOCAL REG. [illegible] — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 23 1974
BUREAU V. S.

05684

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5710

## CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2211 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) ENDORF
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 19 June 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rae D. ENDORF
14. MOTHER'S MAIDEN NAME: Helen E. STEAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Mr Rae D. ENDORF FATHER 2211 Washington Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Prematurity — 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 June, 1954 to 21 June, 1954, that I last saw the deceased alive on 21 June, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE M S Allen — ADDRESS — DATE SIGNED
M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 6-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 28 June 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: [illegible] 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home
ADDRESS: 755 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A15—10-53

36
2564 2281

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JUN 23 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 05685

2411 N. Charles Street, Baltimore

5711

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montg. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place): 36 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10301 Armory Avenue | STREET ADDRESS (If rural, give location): 10301 Armory Avenue |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Lottie | (Middle) Ada | (Last) ERNEST | 4. DATE OF DEATH (Month) June (Day) 3 (Year) 1954 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Sept. 23, 1884 | 9. AGE last birthday: 69 yrs. — If under 1 year: Months 8, Days — If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: Marcellus T. Donn | | 14. MOTHER'S MAIDEN NAME: Mary Ann Grigsby | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Lois Eld Ernest-Same Item #2 | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis | June 3, 1954 |
| Antecedent cause(s) | (b) Cerebral hemorrhage | 3 mos. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Arteriosclerosis with hypertension | 8-10 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN) — (COUNTY) (STATE) — |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from Feb. 6, 1936, to June 3, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 10 45 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Katharine A. Chapman | Md. | 3924 Baltimore St. Kensington, Md. | June 3, 1954 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 6/6/1954 | NAME OF CEMETERY OR CREMATORY: Eldbrooke | LOCATION (City, town, or county): Washington | (State) D. C. |
| DATE REC'D BY LOCAL REG.: 6/5/54 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Bethesda, Md. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V

05686

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5712 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 7mo 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Louisberg
STREET ADDRESS (If rural give location) Route 4 Box 49

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Burean (Last) FULLER
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH. 8-10-33
9. AGE last birthday 20 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Thomas F. FULLER
14. MOTHER'S MAIDEN NAME: Polly BOWDEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Father Mr. Thomas F. FULLER Rt #4 Box 49 Louisberg, North Carolina

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

14 X

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B) DUE TO (B) Pulmonary Metastatic Disease — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Osteogenic Sarcoma — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION: Osteogenic Sarcoma Rt. Thigh
20. AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Nov, 1954 to 23 June, 1954, that I last saw the deceased alive on 23 June, 1954, and that death occurred at 12:11A M, from the causes and on the date stated above.

SIGNATURE F. D. Golbranson — ADDRESS — DATE SIGNED
F. D. GOLBRANSON LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 6-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 26 June 1954
NAME OF CEMETERY OR CREMATORY: Maple Spring Cemetery
LOCATION (City, town, or county) (State): Louisburg, North Carolina

DATE REC'D BY LOCAL REGISTRAR: 23 June 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 24 1954
BUREAU V. S.

05687

MARYLAND

STATE DEPARTMETT OF HEALTH

5713

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 88 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health | STREET ADDRESS (If rural, give location): 12705 Holdridge Rd. |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) F. (Last) Gallagher | | | 4. DATE OF DEATH (Month) June (Day) 5 (Year) 1954 | |
| 5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Dec. 9, 1920 | 9. AGE last birthday: 33 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY: | | 11. BIRTHPLACE (State or foreign country): Arkansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: Leonard [illegible]oster | | | 14. MOTHER'S MAIDEN NAME: Putha McAbee | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: not available | | 17. INFORMANT AND ADDRESS: [illegible] The Clinical Center | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bacteremia

Antecedent cause(s) Meningitis, acute, purulent

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic lymphatic leukemia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour): — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from March 9, 1954, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at [illegible]:19 p.m., from the causes and on the date stated above.

SIGNATURE: Stanley Green M.D. Sen. Asst. Surg. U.S.P.H.S. (R) (Degree or title) ADDRESS: The Clinical Center National Institutes of Health DATE SIGNED: June 5, 1954

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Ship. & burial | DATE: June 9, 1954 | NAME OF CEMETERY OR CREMATORY: Woodland Heights | LOCATION (City, town, or county) (State): Rector, Clay Co., Arkansas |
| DATE REC'D BY LOCAL REG.: 6/9/54 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Warner C. Humphrey | ADDRESS: Silver Spring, Md. |

MARGIN RESERVED FOR BINDING

M

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RECEIVED
JUN 11 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05688

# 5669 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 10214 Haywood Drive

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) (None) (Last) Gelles

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-26-97

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hirsch Levin South Carolina

14. MOTHER'S MAIDEN NAME: Adele Weinstock South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma, pulmonary metastasis — 8 mo.

DUE TO (C) Carcinoma, primary in breast — 2+ yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1954, to June 20, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 12:56 AM, from the causes and on the date stated above.

SIGNATURE: John Laurence Avery, M.D. — ADDRESS: M.D. Silver Spring Md. — DATE SIGNED: June 21, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-22-1954 — NAME OF CEMETERY OR CREMATORY: Southern Cem — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: June 22 1954 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Jack Levin Inc - 2100 Eutaw Pl.

Film#G168 Item# 2,12 6/29/54 emf

05689

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5714

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Potomac, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 4828-16th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) (Last) GRIES
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 12, 1859
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) London, England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Cornelius Reepe
14. MOTHER'S MAIDEN NAME Annie ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. A.M. Houghton, 4929 Glenbrook Rd., Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 1 year |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Genl Arteriosclerosis | 20 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to 22 June, 1954, that I last saw the deceased alive on 21 June, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 22 June 54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6/24/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Rd., Md.

DATE REC'D BY LOCAL REG. 6/23/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Chevy Chase Funeral Home
ADDRESS 5103 Wis. Ave., N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

JUN 25 19[illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5715

# CERTIFICATE OF DEATH

65690

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Washington Sanitarium
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIS (Middle) S (Last) GRIFFITH III

4. DATE OF DEATH: (Month) JUNE (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan 19 1871

9. AGE last birthday: 83 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis S. Griffith II

14. MOTHER'S MAIDEN NAME: Henrietta Engelhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Informant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis — 15 ? yrs

(b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polycystic Kidneys — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 1947, 19..., to June 5, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE: H. McKendree Bover, M. D. (Degree or title) ADDRESS: Druid Theatre Building, Damascus, Md. DATE SIGNED: 6/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 7 1954

NAME OF CEMETERY OR CREMATORY: Parklawn

LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: June 7/54

REGISTRAR'S SIGNATURE: Della M. Burdette

24. FUNERAL DIRECTOR: Roy W. Cashell — ADDRESS: Takoma Park, Md.

1114

RECEIVED
JUN 9 1901
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05691

# 5716 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8702 Old Bladensburg Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) G. (Last) Hanson

4. DATE OF DEATH. (Month) June (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH. Jan. 28, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trainman (retired)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Racine, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hanson
14. MOTHER'S MAIDEN NAME: Bridget Helron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Irene F. Nearman, 2124 I St., N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH 3-4 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral + generalized arteriosclerosis

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1954, to 6-12, 1954 that I last saw the deceased alive on 6-12, 1954 and that death occurred at 8 45/P M, from the causes and on the date stated above.

SIGNATURE Jason Geiger M.D. ADDRESS 931 Pershing Drive - Silver Spring DATE SIGNED 6-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/15/54
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) St. John's Catholic Cemetery, Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05692

# 5717 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Montgomer
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ashton
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED:** (First) Annie (Middle) Porter (Last) Harding

**4. DATE OF DEATH:** (Month) June (Day) 10 (Year) 1954

**5. SEX:** female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Widowed

**8. DATE OF BIRTH:** 11/25/1874

**9. AGE last birthday:** 79 yrs. — IF UNDER 1 YEAR: Months 6 Days 15 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Benjamin Fielder Thompson

**14. MOTHER'S MAIDEN NAME:** Amanda Catherine Flook

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): 1 — (If Yes, give war or dates of service):

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Hospital Records

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 331X Cerebral Hemorrhage — 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio Sclerosis. Right Hemip — yrs
DUE TO (c) Phlegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** ← **19b. MAJOR FINDINGS OF OPERATION** ←

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify): ← — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ← — (CITY OR TOWN): ← (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ← m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? ←

22. I hereby certify that I attended the deceased from 3/1 ..., 19 54, to 6/10 ..., 19 54, that I last saw the deceased alive on 6/10 ..., 19 54, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Sandy Spring — DATE SIGNED: 6/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 12, 1954 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Burtonsville Md.

DATE REC'D BY LOCAL REGISTRAR: 6-10-54 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: Warner E. Pumphrey. — ADDRESS: Silver Spring Md.

VS. A15

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05693

# CERTIFICATE OF DEATH

5718 Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5322 Nebraska Ave N.W.

3. NAME OF DECEASED: (First) Rose (Middle) Adelaide (Last) Harrigan
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 5/15/84
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Daniel Harrigan
14. MOTHER'S MAIDEN NAME: Catherine Callahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margaret Mary Cuzen (Niece) Same Address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction — 54 hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, Coronary — 10 yrs
DUE TO
(C) Cerebral Insufficiency — 50 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1954, to June 7, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 7:10 A M, from the causes and on the date stated above.

SIGNATURE George Sharpe M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 6/7/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 6/8/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St N W Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 10
BUREAU V. S.

5719

05694

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

**1. PLACE OF DEATH:**

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) EOA

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE D.C. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 488 K St, S.W.

**3. NAME OF DECEASED:** (Type or Print) (First) Nathaniel (Middle) (Last) Harris, Jr.

**4. DATE OF DEATH** (Month) (Day) (Year) June 18 1954

**5. SEX:** M

**6. COLOR OR RACE:** Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married

**8. DATE OF BIRTH:** Oct. 5, 1898

**9. AGE last birthday:** 55 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired) Construction worker Concrete

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Wash. D.C.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** NATHANIEL HARRIS

**14. MOTHER'S MAIDEN NAME:** Lily

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Lillian Harris - 488 K St. S.W. Washington, DC

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subdural hemorrhage + Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH: 7 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fall

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured Ribs & Contusions lungs

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.**

**21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.,

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 6-18-54 3:00 P.M.

**21e. INJURY OCCURRED** While at work ☒ Not while at work ☐

**21f. HOW DID INJURY OCCUR?** Fell down stairway - Bldg. Construction

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-19-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF June 20, 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cem.

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 6/21/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

**24. FUNERAL DIRECTOR** JOHN T RHINES CO ADDRESS 901-3rd St. S.W.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN
BUREAU V. S

05695

MARYLAND 5720

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Illinois COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Streator
STREET ADDRESS (If rural, give location) RFD 3

3. NAME OF DECEASED (Type or Print) (First) Gazal (Middle) J. (Last) Hatala

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11 Aug 1907

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal Mine

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Hatala

14. MOTHER'S MAIDEN NAME Not stated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. 333-07-2953

17. INFORMANT AND ADDRESS The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4/0 X

Immediate cause (a) Infarction of brain stem and cerebellum

Antecedent cause(s) Embolism following mitral commissurotomy

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic rheumatic valvulitis(mitral)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9 June 1954

19b. MAJOR FINDINGS OF OPERATION Mitral stenosis and insufficiency

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 May, 1954, to 10 June, 1954, that I last saw the deceased alive on 10 June, 1954, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jolley Heller Jr. M.D. ADDRESS The Clinical Center, Bethesda, Md. DATE SIGNED 6/10/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 6-11-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) STREATOR, ILL.

DATE REC'D BY LOCAL REG. 6/10/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901-14th St. N.W. WASH. D.C.

RECEIVED
JUN 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05696

5721 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Ellen (Last) Hebron
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 22 1897
9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Fisher
14. MOTHER'S MAIDEN NAME: Georgia Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac Dilatation — 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 yrs
DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/2/ 1954, to 6/21/ 1954, that I last saw the deceased alive on 6/21/ 1954, and that death occurred at 3:55 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Family Dr 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/24/1954
NAME OF CEMETERY OR CREMATORY Sugar Land
LOCATION (City, town, or county) Damascus (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-24-54
REGISTRAR'S SIGNATURE Beatrice B Lawlor
24. FUNERAL DIRECTOR Robert L. Snouffer ADDRESS Rockville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 29 1954

BUREAU V. S.

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5722

**MARYLAND**
Item 8, Film G168
7/15/54 fcy

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: New Jersey COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; LENGTH OF STAY (in this place): 2 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bayonne 078 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp. | STREET ADDRESS (If rural, give location): 99 W. 39th Street |
| 3. NAME OF DECEASED (Type or Print) (First) John (Middle) M. (Last) Henry | 4. DATE OF DEATH (Month) June (Day) 27 (Year) 1954 |
| 5. SEX: male; 6. COLOR OR RACE: white; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 8, 1898; 9. AGE last birthday: 56 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Safety Inspect. | 10b. KIND OF BUSINESS OR INDUSTRY: Esso Oil Co. |
| 11. BIRTHPLACE (State or foreign country): Texas | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: William A. Henry | 14. MOTHER'S MAIDEN NAME: Lou Lee Mitchell |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: ? |
| 17. INFORMANT AND ADDRESS: Hosp. Records. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive heart failure | 3-5 months |
| Antecedent cause(s) | (b) Rheumatic heart disease with mitral stenosis | 32 yrs. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1954, to June 27, 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 11^40 A. m., from the causes and on the date stated above.

SIGNATURE: Katharine A. Chapman (Degree or title) M.D. ADDRESS: 3924 Baltimore St. Kensington, Md. DATE SIGNED: June 27, 1954

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial-Transit | 7-2-54 | Ocean View Cemetery | Oakwood, Long Island, N.Y. |

DATE REC'D BY LOCAL REG.: 6/28/54 | REGISTRAR'S SIGNATURE: Bessie M Thompson | 24. FUNERAL DIRECTOR: Robert P. Humphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN
BUREAU V. S.

5723 MARYLAND STATE DEPARTMENT OF HEALTH 65698

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 9-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington — 47
STREET ADDRESS (If rural, give location) 1818 Shepherd St. N.W. 1

3. NAME OF DECEASED (Type or Print): (First) Tilda (Middle) N. (Last) Hill
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 10-6-1896
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN MABAR
14. MOTHER'S MAIDEN NAME: MATHILDE KLAUS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: WILMER A. HILL (HUSBAND)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Brosnahan M.D — Gaithersburg Md — 6-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 6-7-54 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEM — LOCATION (City, town, or county) (State): PRINCE GEO. County, MD.

DATE REC'D BY LOCAL REG. 6-5-54 — REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR — ADDRESS: S.H. Hanna Co — 2901-14th St. N.W. Wash. D.C.

RE[illegible]
JUN 8 [illegible]
BUR[illegible]

5724

(05699)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 216

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4544 Lindsor Lane

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4544 Lindsor Lane

**3. NAME OF DECEASED:** (Type or Print) (First) William (Middle) Frederick (Last) Hines

**4. DATE OF DEATH** (Month) June (Day) 4, (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** Oct. 28, 1886

**9. AGE last birthday:** 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Ret.

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Washington, D.C.

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** Edward Hines

**14. MOTHER'S MAIDEN NAME:** Mary Safeline

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 578-44-7821

**17. INFORMANT & ADDRESS:** Mrs H. V. Hines-Item" 2

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carbon Monoxide Gas DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.** Hose attached to exhaust extending into car

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-5-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF 6-8-54

NAME OF CEMETERY OR CREMATORY Prospect Hill

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 6/6/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert E. Crumbley

ADDRESS Bethesda, Md.

JUN 8 1954

5725

05700

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4410 Woodfield Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Oklahoma — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Enid
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED:** (Type or Print) (First) Frank (Middle) A. (Last) Hinkson

**4. DATE OF DEATH:** (Month) June (Day) 11 (Year) 19 54

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** March 8, 1868

**9. AGE last birthday:** 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Farmer - retired

**10b. KIND OF BUSINESS OR INDUSTRY:** own farm

**11. BIRTHPLACE** (State or foreign country): Henry County, Iowa

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John Wesley Hinkson

**14. MOTHER'S MAIDEN NAME:** Emily Cornick

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Miss Ruth Hinkson, 4410 Woodfield Rd. Kensington, Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Coronary occlusion | Decedent |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | | Unk. |
| | DUE TO (c) | | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Bennett M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED: 6-12-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Trans. & Burial

DATE THEREOF: 6/12/54

NAME OF CEMETERY OR CREMATORY: Enid City Cemetery

LOCATION (City, town, or county) (State): Enid, Garfield County, Oklahoma

DATE REC'D BY LOCAL REG.: JUN 14 54

REGISTRAR'S SIGNATURE: Frances Fuller

**24. FUNERAL DIRECTOR** ADDRESS: Warner & Pumphrey, 8434 Georgia Ave. Silver Spring, Maryland

JUN 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 05701

* 5670

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7709 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle [illegible]
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Katherine (Last) Hoar
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 21, 1921
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months 2 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Stanley [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mayo [illegible] Foster
14. MOTHER'S MAIDEN NAME: Virgie M. [illegible] Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. [illegible] 7709 Carroll Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Lobar pneumonia — 3 days

DUE TO (C) Bronchial Asthma — 7 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anemia and malnutrition — 7 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1954 to June 25, 1954 that I last saw the deceased alive on June 24, 1954, and that death occurred at 10:30 A.M, from the causes and on the date stated above.
SIGNATURE W. B. Orleans M.D. ADDRESS 9500 Colesville Rd Silver Spring DATE SIGNED 6/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Transit-Burial | DATE THEREOF June 28, 1954 | NAME OF CEMETERY OR CREMATORY Mount Hebron Cemetery | LOCATION (City, town, or county) Dorchester (State) Virginia

DATE REC'D BY LOCAL REGISTRAR June 5 1954 | REGISTRAR'S SIGNATURE [illegible] Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll Ave. Takoma Park D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6/20/54 Dr. F. J. Broschart, Dep. Med. Exam notified + authorized Dr. Arleans to sign certificate.

5726

05702

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

**1. PLACE OF DEATH:**

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Florida COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Miami Springs

STREET ADDRESS (If rural, give location) 201 Whitethorn Drive ✓

**3. NAME OF DECEASED:** (Type or Print) (First) Albert (Middle) Edward (Last) Hopper

**4. DATE OF DEATH** (Month) June (Day) 10 (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Divorced

**8. DATE OF BIRTH:** May 24, 1894

**9. AGE last birthday:** 60 yrs. IF UNDER 1 YEAR Months 0 Days 16 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Chauffeur

**10b. KIND OF BUSINESS OR INDUSTRY:** Self Emp.

**11. BIRTHPLACE** (State or foreign country): New Jersey

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** Albert Hopper

**14. MOTHER'S MAIDEN NAME:** Anna Garvin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** 115-12-8440

**17. INFORMANT & ADDRESS:** Florence Baschant- Item # 2

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

432.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.**

**21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.,

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Baschant M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-11-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial-Transit

DATE THEREOF 6-11-54

NAME OF CEMETERY OR CREMATORY Mohokus

LOCATION (City, town, or county) (State) Burton Co., New Jersey

DATE REC'D BY LOCAL REG. 6/12/54

REGISTRAR'S SIGNATURE [illegible]

**24. FUNERAL DIRECTOR** Robert A. Pumphrey ADDRESS Bethesda, Md.

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 14
U. S.

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65703

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (In this place): 1mo 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Georgia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Savannah
STREET ADDRESS (If rural give location): 527 Indian Street

3. NAME OF DECEASED: (First) Annie (Middle) Mae (Last) HOWARD
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-17-27
9. AGE last birthday: 26 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Arthur WADDEL
14. MOTHER'S MAIDEN NAME: Strewdy HUNT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Husband: Mr. James Leroy HOWARD 527 Indian St., Savannah, Georgia

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| IMMEDIATE CAUSE | (A) Valvular heart disease (aortic insufficiency | 10 yrs |
| ANTECEDENT CAUSE (S) | DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) Syphilis | 16 yrs |
| | DUE TO | |
| | (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Chronic cardiac decompensation | 2 wks. |

19A. DATE OF OPERATION: 5-26-54
19B. MAJOR FINDINGS OF OPERATION: Enlarged heart, aortic insufficiency. aorta (plastic valve inserted in)
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Apr., 1954, to 11 June, 1954 that I last saw the deceased alive on 11 June, 1954, and that death occurred at 9:30A M, from the causes and on the date stated above.
SIGNATURE: J. E. McClenathan — ADDRESS — DATE SIGNED
J. E. MC CLENATHAN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 6-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 16 June 1954
NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
LOCATION (City, town, or county) (State): Waycross, Georgia

DATE REC'D BY LOCAL REGISTRAR: 14 June 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS: W. E. JARVIS Funeral Home 1432 U Street NW Washington, D.C.

RECEIVED
JUN 15 1954
BUREAU V. S.

05704

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

5728

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9215 Woodland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9215 Woodland Road

3. NAME OF DECEASED: (Type or Print) (First) Bernadette (Middle) C. (Last) Huhn

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widwoed
8. DATE OF BIRTH: April 19, 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Agustus M. Warfield
14. MOTHER'S MAIDEN NAME: Elizabeth Boteler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Louise Fletcher, 9215 Woodland Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Acute Coronary Occlusion | sudden |
| ANTECEDENT CAUSE (S) DUE TO | (B) Coronary Artery disease - Angina Pectoris | 5 yrs. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | (C) Arteriosclerotic Heart disease c̄ Hypertension | 7 yrs. |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1950, to 6/21, 1954, that I last saw the deceased alive on 6/21, 1954, and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE Francis K. Richardson M. D. ADDRESS 7717 Alaska Ave N.W. Wash. D.C. DATE SIGNED 6/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/23/54
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 6/23/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

JUN 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05705

5671 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 13103 Pierce Dr.

3. NAME OF DECEASED. (Type or Print) (First) Moody (Middle) — (Last) Hull
4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 4-3-99
9. AGE last birthday 55 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Editor
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? Am.
13. FATHER'S NAME: Stonewall Jackson Hull
14. MOTHER'S MAIDEN NAME: Jemima Dotson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive heart failure — 6 mo.

ANTECEDENT CAUSE (S) DUE TO (B) Metastatic carcinoma — 6 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) primary rt. kidney

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Coronary occlusion — 2 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952 to 6/1, 1954 that I last saw the deceased alive on 5/31, 1954 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE A. F. Thibadeau M. D. ADDRESS 10111 Colesville Rd. Silver Spring Md. DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 6/1/54 — NAME OF CEMETERY OR CREMATORY Lee's Sons Co. — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 6-1-54 — REGISTRAR'S SIGNATURE J. Wilson Dodd — 24. FUNERAL DIRECTOR J. W. Lee Sons Co. — ADDRESS 300 4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 3 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 05706

5729 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural — LENGTH OF STAY (in this place) One week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium Rockville, Md. — R.F.D. #4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C. 4,
STREET ADDRESS (If rural give location) Fairfax Hotel 2100 Mass. Ave. N.W. Wash. D.C.

3. NAME OF DECEASED: (First) Julia (Middle) Herrick (Last) Hunt
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | March 23 1867 | 87 yrs. | 2 | 14 | — | — |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Jackson Hunt
14. MOTHER'S MAIDEN NAME: Maria Craig

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Conway Hunt, Bethesda, Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Cebral Thrombosis | several days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arteriosclerosis | 5 years |
| | DUE TO (c) | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1—, 1954, to June 7, 1954, that I last saw the deceased alive on June 7—, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wheeler O. Hull — M.D. — 4529 Maple Ave. Bethesda 14 Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 9-1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 6/9/54 REGISTRAR'S SIGNATURE Jessie M. Thompson
24. FUNERAL DIRECTOR Jos. Gawler Sons ADDRESS 1736 G St N.W. Wash. D. C.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

05707

5730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2711 Woodley Rd

**3. NAME OF DECEASED:** (First) Carrie (Middle) (Last) McGuire (Type or Print)

**4. DATE OF DEATH** (Month) June (Day) 21 (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widow

**8. DATE OF BIRTH:** Oct 23, 1884

**9. AGE last birthday:** 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Delaware

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Charles H Tecthill

**14. MOTHER'S MAIDEN NAME:** Lilly Tilvers

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** 2711 Woodley Rd NW. Edward Copland Washington D. C.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Respiratory Failure | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Fracture Cervical vertebrae Luxation cervical cord | 5 days |
| | (c) DUE TO Jumped from window | 5 days |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) Bethesda (County) Montg (State) Md

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY 6-16 54 4 P M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐ Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6-22-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF June 24, 1954

NAME OF CEMETERY OR CREMATORY Gold Leaves Cemetery

LOCATION (City, town, or county) Milford (State) Delaware

DATE REC'D BY LOCAL REG. June 22, 1954

REGISTRAR'S SIGNATURE Bessie M Thompson

**24. FUNERAL DIRECTOR** S. H. Hines Co ADDRESS 2901 14th St NW. Washington D C

VS. A15A - 5 - 53

JUN 22 19..
BUREAU V. S.

5731 **MARYLAND STATE DEPARTMENT OF HEALTH** 05708

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 709 Philadelphia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 905 Delafield Pl NW

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) H (Last) JONES

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5-30-1867

9. AGE last birthday: 87 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Auto Tire Dealer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Jones

14. MOTHER'S MAIDEN NAME: Georgiana Coxen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Marguerite A Jones 3205 Tennyson NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic Myocarditis — Cardiac Decompensation — Interval Between Onset and Death: Undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Generalized Arteriosclerosis — Undetermined; (c) Pneumonitis Chronic Lower lobe of Lungs. — Undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Wed 9 19 54 to June 15 19 54 that I last saw the deceased alive on June 8 19 54, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] MD 7837 Eastern Ave Silver Spring Md June 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 6-17-54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 6-15-54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4612 Ga Ave NW Wash DC

RECEIVED
JUN 1
BUREAU V. S.

05709

5732 MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring (rural)
STREET ADDRESS (If rural, give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) Adam (Middle) Everett (Last) Lauer
4. DATE OF DEATH (Month) June (Day) 17 (Year) 195[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-24-1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto.
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Adam Lauer
14. MOTHER'S MAIDEN NAME Abbie McKimmie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mamie Lauer (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Cerebral Vascular accident — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF June 19, 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 6-17-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 5801 Ave. Ave Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 21
BUREAU V. S.

05710

5733

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodacres
STREET ADDRESS (If rural give location) 5708 Gloster Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| BERTHA | Jung | LINHARTZ | JUNE | 23 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | Sept. 10, 1876 | 77 yrs. | | 13 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Bovaria, Germany | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Johann Schlegel | Margareta Schmittlein |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Mrs Emily S. Cooper- Item # 2 |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| NONE | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| NONE | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| NONE | | | m. | | |

22. I hereby certify that I attended the deceased from APRIL 22 19 54, to JUNE 23 19 54, that I last saw the deceased alive on JUNE 23, 1954, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Henry M. Lardner | M.D. | 5206 NORWAY DR. CHEVY CHASE, Md | 6/23/54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Cremation | 6-25-54 | Cedar Hill | Suitland, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6/23/54 | Frances Potter | Robert H. Pumphrey | Bethesda, Md. |

JUN 25 1954
BUREAU V. S.

05711

# MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

# 5734 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

**1. PLACE OF DEATH:**
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7306 Delafield Street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 7306 Delafield Street

**3. NAME OF DECEASED:** (Type or Print) (First) CARRIE (Middle) ALBERTA (Last) LYFORD

**4. DATE OF DEATH:** (Month) June (Day) 22, (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** Oct. 15, 1877

**9. AGE last birthday** 76 yrs. IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HRS. Hours Min.

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Educator

**10B. KIND OF BUSINESS OR INDUSTRY:** Public Schools

**11. BIRTHPLACE** (State or foreign country): Illinois

**12. CITIZEN OF WHAT COUNTRY?** Us

**13. FATHER'S NAME:** Albert E. Lyford

**14. MOTHER'S MAIDEN NAME:** Clara Burgh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT & ADDRESS:** Harry B. Lyford- *Item # 2

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 10 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

**19A. DATE OF OPERATION:**

**19B. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH** (IF EITHER, NOTIFY MEDICAL EXAMINER)

**21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.)

**21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

**21D. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21E. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21F. HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from June 14, 1954, to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Charles E. Hodson M.D. ADDRESS 1801 Eye St. N.W. Wash. D.C. DATE SIGNED 6-23-54

**23. BURIAL, CREMATION, REMOVAL (SPECIFY):** Burial-Transit

**DATE THEREOF:** 6-25-54

**NAME OF CEMETERY OR CREMATORY:** Chippiannock

**LOCATION** (City, town, or county) (State): Rock Island, Illinois

**DATE REC'D BY LOCAL REGISTRAR:** 6/23/54

**REGISTRAR'S SIGNATURE:** Bessie M. Thompson

**24. FUNERAL DIRECTOR:** Robert A. Trumbley

**ADDRESS:** Bethes[illegible], Md.

JUN 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05712

# 5735 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural give location) 8702 Edmonston Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) LYLES

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 17 June 1954 | 9. AGE last birthday: yrs | IF UNDER 1 YEAR: Months | Days 2 | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Bethesda Maryland | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Billy C. LYLES | 14. MOTHER'S MAIDEN NAME: Jean E. SCHULER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) - - | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mr. Billy C. LYEES 8702 Edmonston Ave College Pk, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Anencephaly DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 June, 1954, to 19 June, 1954 that I last saw the deceased alive on 19 June, 1954, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE D. F. PASCOE LT MC USN | ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland | DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 22 June 1954 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 1 July 1954 | REGISTRAR'S SIGNATURE Mary E. Connelly | 24. FUNERAL DIRECTOR ADDRESS GASCHS AND SONS Funeral Home 4739 Baltimore Ave., Hyattsville, Md.

VS. A15—10-53

2604262425

RECEIVED
JUN 22
BUREAU V. S.

5736 05713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

**1. PLACE OF DEATH:**
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Springs, Md
STREET ADDRESS (If rural, give location) 3001 Weller Rd.

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) James Peter Lynch

**4. DATE OF DEATH** (Month) (Day) (Year) June 23 1954

**5. SEX:** M.
**6. COLOR OR RACE:** W
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married
**8. DATE OF BIRTH:** 7/18/84
**9. AGE last birthday:** 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Office Manager Retired.
**10b. KIND OF BUSINESS OR INDUSTRY:** Sanitation Dept. New York City
**11. BIRTHPLACE** (State or foreign country): New York
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Dennis Lynch
**14. MOTHER'S MAIDEN NAME:** Catherine McManus

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** 087-05-7860
**17. INFORMANT & ADDRESS:** Irene Grizzard (Daughter) above address

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Massive subdural hemorrhage RT — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.** Picked up in Wheaton or Georgia Ave on 6/23/54 by police & brought to hospital. Released in care of some [illegible]

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDING OF OPERATION:**
**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.**
**21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) street
**21c.** (City or town) Wheaton (County) Monty (State) Md
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 1007-6-22 54 P.M.
**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒
**21f. HOW DID INJURY OCCUR?** Fall - Reported to have been drinking

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-24-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial
DATE THEREOF 6/26/54
NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. 6/30/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
**24. FUNERAL DIRECTOR** Warner C. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-

05714

# MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

## 5737 CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The j correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7510 Fairfax Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 7510 Fairfax Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) C. (Last) MANNING

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 12, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Charles County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ruel Keith Compton

14. MOTHER'S MAIDEN NAME: Rachel DeMent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT & ADDRESS: Mrs. Carroll Stansbury-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S) DUE TO (B) arterio-sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1953, to June 12, 1954 that I last saw the deceased alive on June 12, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 6911 Wisconsin Ave DATE SIGNED June 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/14/1954

NAME OF CEMETERY OR CREMATORY Christ Episcopal

LOCATION (City, town, or county) (State) Accokeek, Charles Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6/14/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Dumphrey

ADDRESS Bethesda, Md.

RECEIVED
JUN 16 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05715

5738 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2305 Evans Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2305 Evans Drive

3. NAME OF DECEASED: (Type or Print) (First) KYUJIRO (Middle) Hiromasa (Last) MATSUMOTO
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954
5. SEX: male
6. COLOR OR RACE: Japanese
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 6, 1878
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer Own Press
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? Japan
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Hisako Matsumoto, 2305 Evans Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Termin of Pulmonary Edema — 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Cardio-vascular renal disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Hemorrhage c̄ Paralysis — 7 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Decubitus Ulcer of feet — 2 months

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1954, to 6/13, 1954, that I last saw the deceased alive on 6/13, 1954, and that death occurred at 7:32 P M, from the causes and on the date stated above.

SIGNATURE Francis L. Richardson M. D. ADDRESS 7717 Alaska Ave NW Wash. DC DATE SIGNED 6/14/54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Cremation
DATE THEREOF 6/15/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REGISTRAR June 15 54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07679

# CERTIFICATE OF DEATH

5739

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 136 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia; STREET ADDRESS (If rural give location) 1625 - 6th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 13, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Freedman Huott

14. MOTHER'S MAIDEN NAME: Celina Huot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO. 578-12-2804

17. INFORMANT & ADDRESS: The medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Metastatic carcinoma with complete bilateral ureteral obstruction; pulmonary metastases with abscesses.

ANTECEDENT CAUSE (B) DUE TO ~~Carcinoma of cervix~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydronephrosis; pelvic abscess

19A DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) no

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Feb. 10, 1954, to June 26, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE M.D. M G Shaver MD

ADDRESS The Clinical Center Natl. Institutes of Health

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7-1-54 | NAME OF CEMETERY OR CREMATORY Woodlawn | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR August 11 1954

REGISTRAR'S SIGNATURE Dorothy M Jacobson

24. FUNERAL DIRECTOR Rev. Hanson, St. Joseph's Funeral Home

ADDRESS 306 L St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 12
BUREAU V. S.

05716

MARYLAND · 5683

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1004 DeBeck Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
STREET ADDRESS (If rural, give location): 1004 DeBeck Drive

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) Howard (Last) MATTINGLY

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/23/1909

9. AGE last birthday: 44 yrs. If under 1 year: Months 8 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Economist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Howard Mattingly

14. MOTHER'S MAIDEN NAME: Ida Rozelle Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 218-01-2738

17. INFORMANT AND ADDRESS: Barbara M. Mattingly-Same Item #2

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) secondary Carcinoma in bones generalized

(c) ulmonary edema

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 19 47 to June 14 19 54, that I last saw the deceased alive on June 14, 1954, and that death occurred at 1:55 P m. from the causes and on the date stated above.

SIGNATURE: Wm. C. Welch (Degree or title) M.D. ADDRESS: Rockville DATE SIGNED: 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE: 6/15/54

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REG.: June 15, 1954

REGISTRAR'S SIGNATURE: Dorothy M. Jackson

24. FUNERAL DIRECTOR: Robert H. Pumphrey

ADDRESS: Beth. Md.

RECEIVED
JUN 16
BUREAU V. S.

05718

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5740 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2054251303

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 3655 13th Street NW

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) MC DONALD

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5-30-54

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wayne H. MC DONALD

14. MOTHER'S MAIDEN NAME: Jean POTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father: (Mr. Wayne H. MC DONALD 3655 13th St NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Omphalocele

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congental DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity 27 hr

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 May, 1954, to 1 June, 1954; that I last saw the deceased alive on 1 June, 1954, and that death occurred at 3:15A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: D. J. DOOHAN LT MC USN U.S. Naval Hospital Bethesda, Maryland

DATE SIGNED: 6-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2 June 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2 June 1954

REGISTRAR'S SIGNATURE: Tracy E. Saunders

24. FUNERAL DIRECTOR AND ADDRESS: R. A. POPKIN Funeral Home 5557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 3 1954
BUREAU N. 2

05719

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5741

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase

STREET ADDRESS (If rural give location) 4812 Bradley Boulevard

3. NAME OF DECEASED. (Type or Print) (First) James (Middle) Thompson (Last) MC DONALD Jr.

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-9-10

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James T. MC DONALD

14. MOTHER'S MAIDEN NAME: Elizabeth BROTHERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Mabel H. MC DONALD 4812 Bradley Blvd Chevy Chase, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Hepatic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO (B) Portal Cirrhosis, liver — Unknown

DUE TO (C) Infarcts, recent, pulmonary, bilateral — #24 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 June, 1954, to 30 June, 1954, that I last saw the deceased alive on 30 June, 1954, and that death occurred at 2:15 A M, from the causes and on the date stated above.

SIGNATURE: [signature] CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF: 3 July 1954 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Steubenville, Ohio

DATE REC'D BY LOCAL REGISTRAR: [illegible] 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. [illegible] Funeral Home, 7557 [illegible] Ave., [illegible], Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 6 1954
BUREAU V. S.

05717

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5672 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 81 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase, Md
STREET ADDRESS (If rural give location) 318 High Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Dennis (Last) McAuliffe
4. DATE OF DEATH: (Month) (Day) (Year) 6 - 27 - 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: 3 - 1 - 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis McAuliffe
14. MOTHER'S MAIDEN NAME: Mary Baljon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 450.1 (A) Generalized Arteriosclerosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Gangrene left leg — 3 months

19A. DATE OF OPERATION: May 2nd 1954
19B. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrene left leg.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1954, to June 27 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 1:45 P M, from the causes and on the date stated above.

SIGNATURE Lyle A. Williams M. D. ADDRESS 8730 Colesville Rd, Silver Spring Md. DATE SIGNED June 27, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6-30-54
NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem.
LOCATION (City, town, or county): Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR: 6/27/54
REGISTRAR'S SIGNATURE: J. Wilkins Dodd
24. FUNERAL DIRECTOR: Timothy Hanlon ADDRESS: 3801 Ga. Ave NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN 30 1951
BUREAU V. S.

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MARYLAND 5742

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 106 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2501 Calvert St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Marta (Middle) ------- (Last) Mendians

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3 Nov 1902

9. AGE last birthday 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Latvia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Juoums Bolcers

14. MOTHER'S MAIDEN NAME Ottilija Ramming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

190X

Immediate cause (a) Metastatic malignant melanoma involving

Antecedent cause(s) abdominal l[illegible]nodes, skin, and kidney.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral hydrothorax; massive ascites

19a. DATE OF OPERATION 2 -- --

19b. MAJOR FINDINGS OF OPERATION - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Mar, 1954, to 25 June, 1954, that I last saw the deceased alive on 25 June, 1954, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.E. Kornfeld M.D. (O.D.) The Clinical Center, Bethesda, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE 6/29/54

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince George's Co. Md

DATE REC'D BY LOCAL REG. June 28-1954

REGISTRAR'S SIGNATURE Beatrice M. Thompson

24. FUNERAL DIRECTOR ADDRESS The E. N. Pines Co. 2901-14th St. N.W. Washington 9, D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
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U.S.

05721

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5673 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9216 Wendell St.

3. NAME OF DECEASED: (Type or Print) (First) IRma (Middle) Ellen (Last) Miller

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1954

5. SEX. female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 2-20-1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Statistician
10B. KIND OF BUSINESS OR INDUSTRY: Dept of labor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Carroll
14. MOTHER'S MAIDEN NAME: Sarah T. Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Wash. San + Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3X

IMMEDIATE CAUSE (A) Carcinoma of colon with

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) metastasis to liver

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION Carcinoma of colon with metastasis to liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 9:26 AM, from the causes and on the date stated above.

SIGNATURE Aaron H. Traum M. D. ADDRESS 8237 Georgia Ave. Silver Spring Md DATE SIGNED June 28 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/30/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Va.

DATE REC'D BY LOCAL REGISTRAR July 2nd 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Humphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05722

5743 CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

~~Item 7 film G168, 7/7/54 cm~~

1. PLACE OF DEATH: COUNTY MONTGOMERY COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CARROLL HALL SANATORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND MONTGOMERY COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHEATON MD.
STREET ADDRESS (If rural give location) 3530 GREENLY ST.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) PERCY (Last) MILLS
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: JULY 8TH, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: NAVY YARD
11. BIRTHPLACE (State or foreign country): WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN H. MILLS
14. MOTHER'S MAIDEN NAME: ANNIE M. DANT.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ESSENTIAL HYPERTENSION
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO
(c) HYPERTENSIVE HEART DISEASE

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MAY 7, 1954
19b. MAJOR FINDINGS OF OPERATION: AMPUTATION RIGHT LEG DUE TO ARTERIOSCLEROSIS
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE ~~[illegible]~~ P.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1954, to 6-25, 1954, that I last saw the deceased alive on 6-25, 1954, and that death occurred at 1:24 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry M. Lowden M.D.
ADDRESS 5206 NORWAY DR. CHEVY CHASE, MD
DATE SIGNED 6-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-28-54
NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
LOCATION (City, town, or county) (State) WASHINGTON DC

DATE REC'D BY LOCAL REGISTRAR 6-28-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Timothy Hanlon
ADDRESS 3831 Ga Ave N.W. Wash DC.

#204.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUN 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05724

5674 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Maryland~~ District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5508 Nebraska Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Melvin (Last) Mohler
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-28-1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Mohler
14. MOTHER'S MAIDEN NAME: Clara Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE (S) DUE TO (B) Coronary arteriosclerosis — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis, generalized — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to June, 1954, that I last saw the deceased alive on June 9, 1954, and that death occurred at 6:50 AM, from the causes and on the date stated above.

SIGNATURE Aaron H. Traum M.D. ADDRESS 8237 Georgia Ave, Silver Spring Md DATE SIGNED 6/9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/12/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR June 9-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14 St. N.W. D.C.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 19[illegible]
BUREAU V. S.

5744

05725

MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2502 Weisman Road

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Estelle (Last) Mothershead

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1954

5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 5, 1879
9. AGE last birthday 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Balderson
14. MOTHER'S MAIDEN NAME Mary Frances Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 10511 Brunswick Av. Mrs Elsie Oslin - Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia, lower lobes, bilateral | 10 days |
| Antecedent cause(s) | (b) Diabetes mellitus | ? |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Chronic nephritis | ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized Gr III coronary Gr I renal Gr II

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to June 27, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE Lillian R. Reap (Degree or title) Mt ADDRESS Silver Spring, Md. DATE SIGNED June 27, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Bur. Fr.
DATE 6/30/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Pr. Geo. Co., Md. (State)

DATE REC'D BY LOCAL REG. 6/28/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 - 14th St. N.W., Wash., D.C.

RECEIVED
JUN 30 1954
BUREAU V. S.

Film#G167 Item# 1
6/18/54 emf

05726

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 5745 CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Damascus; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS at home ~~RFD~~ Monroe

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clopper mill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) VIRGINIA (Last) McKLEY

4. DATE OF DEATH: (Month) JUNE (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 23 1874

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montgomery Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Easton

14. MOTHER'S MAIDEN NAME: Sarah Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm A Mosby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis (Recurrent & Multiple) — Since May 9, '54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced Cerebral Arteriosclerosis — Generalized Arteriosclerosis — 10 - 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1954, to June 13, 1954, that I last saw the deceased alive on June 12, 1954 and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

M. McKendree Boyer M. D. Druid Trheatre Building, Damascus, Md. June 14

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jun 14/54

NAME OF CEMETERY OR CREMATORY: Montgomery

LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: June 14, 1954

REGISTRAR'S SIGNATURE: Della W. Burdette dep

24. FUNERAL DIRECTOR: Roy W Barber Funeral Home

ADDRESS: Laytonsville, Md.

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BUREAU V. S.

MARYLAND 5746

05727

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH<br>COUNTY Montgomery MARYLAND<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda<br>LENGTH OF STAY (in this place) 2 yrs<br>HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE Maryland COUNTY Montgomery<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring<br>STREET ADDRESS (If rural, give location) 9718 Dilston Rd. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Thomas | (Middle) C. | (Last) Sulkey | 4. DATE OF DEATH | (Month) June | (Day) 30 | (Year) 1954 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours / Min. |
| Male | White | Married | 20 June 1923 | 31 yrs. | | | |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Naval Gun factory | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Thomas Sulkey | | 14. MOTHER'S MAIDEN NAME Coral Lammon | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) WW II | 16. SOCIAL SECURITY No. 220-05-7047 | 17. INFORMANT AND ADDRESS The medical record, the Clinical Center |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Acute Myeloblastic leukemia

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis, rt. leg; cellulitis, rt. arm; sinusitis, lt. antrum

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☒ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from May 9, 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| James J Holland MD | The Clinical Center, Natl. Inst. of Health | 6/30/54 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 6, 1954 | Arlington National | Wash D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/3/54 | Beatrice M. Thompson | W. W. Waltemeyer | 3619-14th St. N.W. Wash D.C. |

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Mont.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6014 Sonoma Rd

**3. NAME OF DECEASED:** (Type or Print) (First) Douglas (Middle) Craddock (Last) Oberlin

**4. DATE OF DEATH** (Month) June (Day) 7 (Year) 1954

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Child

**8. DATE OF BIRTH:** May 23, 1950

**9. AGE** Last Birthday: 4 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): —

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Paul Frederick Oberlin

**14. MOTHER'S MAIDEN NAME:** Virginia Lee Craddock

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) — (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** Mr. Paul F. Oberlin 6014 Sonoma Rd Bethesda, Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute edema of glottis | few hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Acute infection, probably H. influenza | 2 days |
| | (c) DUE TO | |

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David X Bruchart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6-7-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 6-9-54 | Mt. Lincoln | Prince George Co. Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6/8/54 | Bessie M. Farquhar | Robert H. Brumley | Bethesda, Md. |

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V. S.

05729

5748 MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ARCHIBALD BERNARD PEARSON

4. DATE OF DEATH (Month) (Day) (Year) June 14 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 22 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter-paperhanger
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. Raymond Pearson
14. MOTHER'S MAIDEN NAME Mary Louisa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-03-6471
17. INFORMANT AND ADDRESS Mrs Nettie Pearson Burtonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☐
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 17 1954
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Burtonsville (State) Md

DATE REC'D BY LOCAL REG. June 17-54
REGISTRAR'S SIGNATURE Gertrude Lawler
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU V. S.

MARYLAND 5749 05730

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 72 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3418 Reservoir Rd., N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Pettis
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 28 Sept. 1916
9. AGE last birthday 37 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W.C. Taylor
14. MOTHER'S MAIDEN NAME Maude Copeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Not available
17. INFORMANT AND ADDRESS The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Carcinoma of mediastinum, right axillary and cervical lymph nodes - metastatic

Antecedent cause(s) (b) Carcinoma of breast

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2 None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 March, 1954, to June 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse L Steinfeld MD ADDRESS The Clinical Center, Bethesda, Md. DATE SIGNED 2 June 1954

23. BURIAL, CREMATION REMOVAL (Specify) DATE June 4/54 NAME OF CEMETERY OR CREMATORY Oak Hill LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. 6/9/54 REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Jos. F Birch's Son ADDRESS 3034 M St NW Wash. D C

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05731

5750 CERTIFICATE OF DEATH Reg. Dist. No. 274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: 10106 DALLAS AVE. SILVER SPRING
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 10106 DALLAS AVE

3. NAME OF DECEASED: (Type or Print) (First) RUTHERFORD (Middle) B (Last) POOLE
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: JULY 7 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: SELF
11. BIRTHPLACE (State or foreign country): RICHVIEW ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOSIAH POOLE
14. MOTHER'S MAIDEN NAME: MAGGIE CLARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: 10106 DALLAS. SILVER SPRING MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, left foot, embolic — 2 weeks

19a. DATE OF OPERATION: 1
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to June 14, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 10.00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Raymond Bradshaw, MD 10331 Old Bladensburg Rd. Silver Spring, Md. 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/18/54 — NAME OF CEMETERY OR CREMATORY Green Hill — LOCATION (City, town, or county) Muskogee, OKla. (State)
DATE REC'D BY LOCAL REGISTRAR 6-15-54 — REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR WW CHAMBERS Co. — ADDRESS Riverdale, Md.

VS. A15

RECEIVED
JUN 17 1954
BUREAU V. S.

05732

5751

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sil Spg. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LYDIA (Middle) ANN (Last) PORTER
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 2, 1881
9. AGE last birthday 73 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alex Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Speiss
14. MOTHER'S MAIDEN NAME Mary Jane Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John S. Peyton (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HYPERTENSIVE HEART DISEASE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION

(c) CEREBRAL HEMORRHAGE c̄ RIGHT HEMIPLEGIA

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 8, 1954, to June 29, 1954, that I last saw the deceased alive on June 29, 1954, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE Kenyon Lowden (Degree or title) M.D. ADDRESS 5206 Norway Dr. Chevy Chase, Md. DATE SIGNED June 29, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 6/29/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 6-29-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115733

# CERTIFICATE OF DEATH

5752 Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8011 Eastern Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Montgom.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8011 Eastern Avenue

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Jerome | | Proper | 6 | 20 | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | March 26, 1902 | 52 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | Merchant | Baltimore Md. | U.S. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| George Proper | Minnie Roberts |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| | | Rose Proper - 8011 Eastern Ave |

**18. MEDICAL CERTIFICATION**

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis | 2 hours |
| DUE TO | | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Coronary insufficiency | 4 hours |
| DUE TO | | |
| | (c) Diabetes mellitus | 7 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 7/1/53, to 6/20/54, that I last saw the deceased alive on 6/20, 1954, and that death occurred at 10 PM, from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Alfred R. Greenfield MD | 1029 Vermont Ave N.W. D.C. | 6/20/54 |

| 23. BURIAL, CREMATION, REMOVAL, (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/23/54 | Baltimore Hebrew Cong. Cem. | Baltimore, Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-21-54 | Frances [illegible] | B. Kaufman & Son | Wash. D.C. |

VS. A15

RECEIVED
JUN 23 1954
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 15 05734

5753 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7[illegible] Bradley Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4730 Bradley Boulevard

3. NAME OF DECEASED: (Type or Print) (First) VALENTINE (Middle) (Last) PUGLIESE

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar

8. DATE OF BIRTH: 4/4/1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 3 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (State or foreign country): Bari, Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Pugliese

14. MOTHER'S MAIDEN NAME: Angela Valenza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 93X DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant brain tumor DUE TO (c)

Interval Between Onset And Death: months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema 2 days; Pneumonia 3 days

19a. DATE OF OPERATION: Apr. 27, 1954

19b. MAJOR FINDINGS OF OPERATION: Malignant brain tumor

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1954 to June 5, 1954 that I last saw the deceased alive on June 5, 1954 and that death occurred at 6:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Elbert T. Phelps M.D. ADDRESS 3807 Reservoir Rd NW DATE SIGNED June 5 '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/8/1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 6/8/54 REGISTRAR'S SIGNATURE Lucile M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphreys ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ☒ is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1
BUREAU V. S.

MARYLAND 5754 05735

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Silver Spring, Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 112 Ames Road.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Rea

4. DATE OF DEATH (Month) JUNE (Day) 24 (Year) 1954

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Nov. 12, 1901
9. AGE last birthday 52 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager,
10b. KIND OF BUSINESS OR INDUSTRY North American Van Lines
11. BIRTHPLACE (State or foreign country) Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William F. Rea
14. MOTHER'S MAIDEN NAME Annie Wipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 077-07-5623
17. INFORMANT AND ADDRESS Mr. Herbert Janicki, 130 Flatbush Ave. Brooklyn, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1647 Immediate cause (a) Carcinoma Mediastinum. — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 2108

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — 1 year.

19a. DATE OF OPERATION May 1953.
19b. MAJOR FINDINGS OF OPERATION Carcinoma Mediastinum.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to June 24, 1954 that I last saw the deceased alive on June 24, 1954 and that death occurred at 5-15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Roberts M.D. ADDRESS 8907 Georgia Ave. Silver Spring, Md. DATE SIGNED June 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE 6/26/54
NAME OF CEMETERY OR CREMATORY Green Wood Cemetery
LOCATION (City, town, or county) (State) Brooklyn, New York

DATE REC'D BY LOCAL REG. 6/30/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner & Lumpkins
ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05736

5675 **CERTIFICATE OF DEATH**

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item or information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park

LENGTH OF STAY (in this place): 2 mo. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7420 Maple Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Md. COUNTY: Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier

STREET ADDRESS (If rural, give location): 3202 Varnum Street

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) (Day) (Year) |
|---|---|---|---|
| Elizabeth | | Reeves | June 15, 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | May 20, 1873 | 81 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Home | England | U. S. A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Joseph Earnshaw | Mary A. Loddington |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | 212-14-5184 | Mrs. Edith Negus, Mt. Rainier Md. 3202 Varnum St. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 6 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Arteriosclerotic heart disease, failure | Years |
| | DUE TO (c) Generalized arteriosclerosis | 4-5 yrs. |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — 12 yrs.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| 0 | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 4-5, 1954, to 6-15, 1954, that I last saw the deceased alive on 6-14, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

| SIGNATURE | (DEGREE OR TITLE) ADDRESS | DATE SIGNED |
|---|---|---|
| Wallace M. Mork | M.D. 7701 Carroll Ave. Takoma Pk. Md | 6/15/54 |

| 23. BURIAL, CREMATION or REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/18/54 | Ft Lincoln Cemetery | Colmar Manor, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 17 1954 | Mrs. Jas. Sweeney Deputy | J. Wilson Bolt Sons | Hyattsville, Md |

June 19-1954 J. Wilson Bolt Local.

RECEIVED
JUN 21 19
BUREAU

5755 05737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

**1. PLACE OF DEATH:**

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) E.O.A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp 20

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glen Echo Heights

STREET ADDRESS (If rural, give location) 6203 Madrwarkie Rd

**3. NAME OF DECEASED:** (Type or Print) (First) Charles (Middle) S (Last) Rhodeniser

**4. DATE OF DEATH** (Month) June (Day) 12 (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): [illegible]

**8. DATE OF BIRTH:** 9-24-1900 ?

**9. AGE last birthday:** 53 yrs. IF UNDER 1 YEAR: Months 8 Days 18 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Sup. Bldr.

**10b. KIND OF BUSINESS OR INDUSTRY:** Construction

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** ? Rhodeniser

**14. MOTHER'S MAIDEN NAME:** Nellie ?

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** 579-[illegible]-0349

**17. INFORMANT & ADDRESS:** Channon V. Rossi- Hyattsville, Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Middle [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.**

**21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.)

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-12-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF 6-16-54

NAME OF CEMETERY OR CREMATORY Riverview

LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. 6/14/54

REGISTRAR'S SIGNATURE [signature]

**24. FUNERAL DIRECTOR** Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUN 16
BUREAU V. S.

05738

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5756 **CERTIFICATE OF DEATH**

Reg. Dist. No. 21 6

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 3 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 8309 Thoreau Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
   STREET ADDRESS (If rural, give location) 8309 Thoreau Dr. Bethesda

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CORA | BELLE | RICHARDS | June | 12 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | married | Sept. 6, 1879 | 74 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Carroll Co., Md. | USA |

13. FATHER'S NAME: Tovias C. Stocksdale

14. MOTHER'S MAIDEN NAME: Clara Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Raymond Richards .2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cardio-respiratory failure | 36 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) metastatic carcinoma of breast | 8 mos. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 4, 1954, to June 12, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John M. Raymond | | 7656 Georgetown Rd. Bethesda 14, Md | 13 June 54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/15/54 | Loudon Park | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6/15/54 | [redacted] | Ellis J. Tierner & Sons, Inc. | Baltimore, Md. |

RECEIVED
JUN 15 1954
BUREAU V. S.

05739

MARYLAND STATE DEPARTMENT OF HEALTH

5757 **CERTIFICATE OF DEATH**

**FOR MEDICAL EXAMINERS**

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Burtonsville X
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patuxent R. at Burton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville 13X-
STREET ADDRESS (If rural, give location) Scaggsville Road

3. NAME OF DECEASED (Type or Print) (First) Roger (Middle) Lee (Last) Robey

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 26, 1940

9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Burtonsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Spencer Robey

14. MOTHER'S MAIDEN NAME Lavinia E. Fling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. Harry S. Robey, Burtonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: [illegible] death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Name, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Swimming in Patuxent R.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) MD ADDRESS Gaithersburg Md DATE SIGNED 6-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/24/54

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Burtonsville, Montgomery Co. Md.

DATE REC'D BY LOCAL REG. June 22-54

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

NOV 1954
BUREAU U. S.

05740

**MARYLAND** STATE DEPARTMETT OF HEALTH

# 5758 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10 Woodmoor Drive

3. NAME OF DECEASED (Type or Print) (First) ~~Rollins~~ Edgar (Middle) Byrd (Last) Rollins

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 23 1887
9. AGE last birthday 66 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY D.C. Govt.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Rollins
14. MOTHER'S MAIDEN NAME Fannie Byrd Acres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lillian Dorothy Rollins - 10 Woodmoor Dr. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 18 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952 to June, 1954, that I last saw the deceased alive on 6/20, 1954 and that death occurred at 11 40 A m., from the causes and on the date stated above.

SIGNATURE A. Shibadean (Degree or title) M.D. ADDRESS 10111 Colesville Rd. DATE SIGNED June 20 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 23, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 6/24/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

JUN

05741

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5676

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 8 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) 26 Walker Av. Gaithersburg Md.

3. NAME OF DECEASED: (Type or Print) (First) Reginald (Middle) King (Last) Shirley

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 194

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/4/96
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor
10B. KIND OF BUSINESS OR INDUSTRY: Doctor
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Edward J. Shirley
14. MOTHER'S MAIDEN NAME: Marica Crome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington San + hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Mellitus — years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1954 to 6-5, 1954 that I last saw the deceased alive on 6-5, 1954, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE Dr. Joe K. Meade M.D. ADDRESS Takoma Park 12, Md DATE SIGNED 6-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-8-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md

DATE REC'D BY LOCAL REGISTRAR 6-8-54 6-10-54
REGISTRAR'S SIGNATURE J. Wilmer Dodd
24. FUNERAL DIRECTOR E. C. Yarhan Gaithersburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Coroner notified re O.K.'d the death certificate signing.

RECEIVED
JUN 11 1954
BUREAU V. S.

05742

**MARYLAND** — **STATE DEPARTMETT OF HEALTH**

5759

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4918 Cordell Avenue

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) ALLEN (Last) Smith
4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10 1886
9. AGE last birthday: 67 yrs. | If under 1 year: Months. 8 | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt. Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Treasury
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel E. Smith
14. MOTHER'S MAIDEN NAME: Priscilla Selby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT AND ADDRESS: Irene B. Smith — 4918 Cordell Ave. Bethesda Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1

Immediate cause (a) Myocardial Infarction — Interval between onset and death: 1 hour

Antecedent cause(s) Coronary Insufficiency — 5 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1944, to June 11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 11.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. P. Andrews M.D. | ADDRESS Washington D.C. | DATE SIGNED 6-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6/15/1954 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 6/13/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert E. Lumphrey | ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 15 1954
BUREAU V. S.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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# MARYLAND STATE DEPARTMENT OF HEALTH — [redacted]

05743

## 5684 CERTIFICATE OF DEATH

Reg. Dist. No. 213

**1. PLACE OF DEATH.**
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Williams Street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 17 Williams Street

**3. NAME OF DECEASED:** (Type or Print) (First) HEDERINA (Middle) (Last) Sotto

**4. DATE OF DEATH:** (Month) June (Day) 11, (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** March 25, 1894

**9. AGE last birthday** 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10B. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Cuba

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** Angel Marino

**14. MOTHER'S MAIDEN NAME:** ? Pons

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT & ADDRESS:** Luis Sotto- Item# 2

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 757.1 (A) DUE TO Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (B) DUE TO polycystic kidney — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intracerebral hem.

**19A. DATE OF OPERATION:**

**19B. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☐

**21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH** (IF EITHER, NOTIFY MEDICAL EXAMINER)

**21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.)

**21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY** M.

**21E. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21F. HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from May 19, 1954 to June 11, 1954 that I last saw the deceased alive on June 11, 1954, and that death occurred at 5:30A M, from the causes and on the date stated above.

SIGNATURE Middleton Wolsh M.D. ADDRESS Rockville DATE SIGNED June 6/11/54

**23. BURIAL, CREMATION, REMOVAL (SPECIFY):** Burial — DATE THEREOF 6-12-54 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 6-14-54 — REGISTRAR'S SIGNATURE Dorothy M. Jackson — FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

RECEIVED
JUN 15 1954
BUREAU V. S.

5760

05744

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

**1. PLACE OF DEATH:**

COUNTY Monty MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville Hwy

LENGTH OF STAY (in this place) DOA

HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda Md

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda

STREET ADDRESS (If rural, give location) 6010 Johnson Avenue

**3. NAME OF DECEASED:** (Type or Print) (First) John (Middle) Hugh (Last) Stake

**4. DATE OF DEATH** (Month) June (Day) 6 (Year) 1954

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** JAN. 5 1918

**9. AGE last birthday:** 36 yrs. IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired) Photoengraving

**10b. KIND OF BUSINESS OR INDUSTRY:** Nat'l Engraving Co.

**11. BIRTHPLACE** (State or foreign country): Dist. of Col.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John Roy Stake

**14. MOTHER'S MAIDEN NAME:** Anna Frane

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) World War II

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Robert L. Stake, 5917 Ralston Rd. Bethesda, Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☒

**21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.**

**21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY

**21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-6-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF 9/1954

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) Prince George [illegible]

DATE REC'D BY LOCAL REG. 6/8/54

REGISTRAR'S SIGNATURE Cassie M. Thompson

**24. FUNERAL DIRECTOR** Roberts A. Pumphrey

ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 1
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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# MARYLAND STATE DEPARTMENT OF HEALTH

5761

2411 N. Charles St., Baltimore

05745

## CERTIFICATE OF DEATH

Reg. Dist. No. .....

**1. PLACE OF DEATH:**

County MONTGOMERY

City or town SILVER SPRINGS (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: 8714 Leonard Drive

How long in hospital or institution? .....

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No. 8714 Leonard Drive (If rural, give LOCATION)

2.(a) If veteran, name war .....

**3.(a) FULL NAME** NETTIE E. STEEVER

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| FE. | WHITE | WIDOWED |

6.(b) Name of husband ~~or wife~~ DECEASED

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JAN. 24, 1872

**8. AGE:** Years 82 | Months 5 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name John W. Sedgewick

13. Birthplace

MOTHER 14. Maiden name Jenny Decker

15. Birthplace

16. Informant Curtis W. Levis

Address 8714 Leonard Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-19-1954 (month) (day) (year)

Cemetery ~~or crematory~~ Ft. Lincoln

Maryland

18. Funeral director H. Don DeVol

Address 2224 Wisconsin N.W.

19. 6 . . 54 19 ..... Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH June -17 1954 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1953, to June 17 1954 and that I last saw her alive on June 16 1954

| Immediate cause of death | DURATION |
|---|---|
| Congestive Heart Failure | 10 days |
| Due to Arteriosclerotic Heart Disease | 3 years |
| Due to Generalized Arteriosclerosis | 5 years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE E. Stuart Lyddane M.D. M. D. or other

Address 3066 Quint St. Date signed 6/17/54

Unit DC.

JUN 21 1954
BUREAU V. S.

5762

05746

**MARYLAND** STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5132 Bradley Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Arthur C. Stringer
4. DATE OF DEATH (Month) (Day) (Year) June 24, 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/2/93
9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) National Ass. of Television Broadcasting
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George H. Stringer
14. MOTHER'S MAIDEN NAME Jennie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT AND ADDRESS Mrs. Francis Stringer (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Coronary Thrombosis — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1954, to 6/24, 1954, that I last saw the deceased alive on 6/24, 1954, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul D Cantor MD — ADDRESS Bethesda Md — DATE SIGNED 6-24-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-26-54
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 6/26/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

5:45 P.m.

M

1

RECEIVED
JUN 29 1954
BUREAU V. S.

05747

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5677 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montg. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ralls Nursing Home 7420 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16
STREET ADDRESS (If rural give location) 2405 Lyndon St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLES WESLEY TAYLOR
4. DATE OF DEATH: (Month) (Day) (Year) June 2 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 4, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Agriculture
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Y. Taylor
14. MOTHER'S MAIDEN NAME: Elisa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ralls Nursing Home 7420 Maple Ave, Tak. Pk. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| Immediate cause | (a) DUE TO | chronic myocarditis | 14 mo |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO | cardio vascular renal disease | 2 yrs |
| | (c) | | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic prostatitis — 2 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 16 1954 to June 2 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 7:40 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) E. E. Quayle M.D. ADDRESS 1822 Beltwood St N.W. Wash. D.C. DATE SIGNED 6-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Name DATE THEREOF 6-5-54 NAME OF CEMETERY OR CREMATORY Lakewood Cem LOCATION (City, town, or county) Minneapolis, (State) Minn
DATE REC'D BY LOCAL REGISTRAR 6-2-54 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14 St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05748

5678

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 10 Jefferson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Tinning (Last) Terrell

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Widowed

8. DATE OF BIRTH: 3-7-1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile Worker

10B. KIND OF BUSINESS OR INDUSTRY: Textile Industry

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Albis Terrell

14. MOTHER'S MAIDEN NAME: Martha Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None Known

17. INFORMANT & ADDRESS: Washington Sanitarium + Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Peptic Ulcer — ? years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5, 1954, to 6/26, 1954, that I last saw the deceased alive on 6/25, 1954, and that death occurred at 4:25 AM, from the causes and on the date stated above.

SIGNATURE Robert A Stare M. D. ADDRESS Takoma Park, Md. DATE SIGNED 6/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Granted — DATE THEREOF 6-28-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Leesville (State) Va.

DATE REC'D BY LOCAL REGISTRAR June 26 1954 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1401 Chapin St. N.W. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN
BUREAU V. S.

5763

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05749

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (in this place) 2mo 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY [illegible]; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.; STREET ADDRESS (If rural give location) 1908 Florida Avenue NW

3. NAME OF DECEASED: (Type or Print) (First) Elwyn (Middle) Patterson (Last) TOMLINSON

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: September 24, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andrew J. PATTERSON

14. MOTHER'S MAIDEN NAME: Edith M. DUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Mr. Roy A. TOMLINSON 1908 Floride Ave., NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

IMMEDIATE CAUSE (A) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSE (B) DUE TO: Adenocarcinoma Metastatic — 4 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Adenocarcinoma Rectum — 9 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 March, 1954, to 22 June, 19 54, that I last saw the deceased alive on 22 June, 1954, and that death occurred at 2:42 P M, from the causes and on the date stated above.

SIGNATURE D. A. DUCHEN — ADDRESS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 24 June 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 23 June 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrell

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted] 05750

# 5764 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 7105 Charendon Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Trice

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 6/5/54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 3, Min. 10

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Paul Henry Trice

14. MOTHER'S MAIDEN NAME: Mary Ann Rowens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Father Same as Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subdural hemorrhage — Interval Between Onset And Death: 3 hours.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Birth trauma
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1954, to 6/5, 1954, that I last saw the deceased alive on 6/5, 1954, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. Hughes, M.D. — ADDRESS 8208 Fenwick St. S.S., Md. — DATE SIGNED 7 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-10-54 — NAME OF CEMETERY OR CREMATORY Forest Oak — LOCATION (City, town, or county) (State) Montg. Co. Maryland

DATE REC'D BY LOCAL REGISTRAR 6/12/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

2064261446

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05751

5679 **CERTIFICATE OF DEATH**

Reg. Dist. No. .....

1. PLACE OF DEATH: Montgomery COUNTY MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park

LENGTH OF STAY (in this place) 37 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital 2-0

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington

STREET ADDRESS (If rural give location) 3739 Kanawha St.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Gale (Last) Turpin

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-10-71

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov. worker

10B. KIND OF BUSINESS OR INDUSTRY: Gov. worker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: John W. Turpin

14. MOTHER'S MAIDEN NAME: Clara Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington San. & Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 44 SX

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

DUE TO

(B) Hypertensive cardio-vascular disease — ?

DUE TO

(C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1954, to June 16, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE Paul V. Starr M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/19/54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 6-19-54

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons Baltimore ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Film#G167 Item# 8
6/14/54 emf

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65752

**MARYLAND**

**STATE DEPARTMETT OF HEALTH**

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 3 hrs + 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 1805 Elgin Lt. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Driscoll (Last) Vincent

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1954

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 2-1-1870

9. AGE last birthday 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jeremiah O'Driscoll

14. MOTHER'S MAIDEN NAME Ellen O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Nelen V. Connelly - 7611 Georgia Ave N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.0 Immediate cause | (a) | Acute Pulmonary Edema | 4 hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Congestive Heart Failure | 8 hours |
| | (c) | Arteriosclerotic Heart Disease | 5 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 15 yrs

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. .., 1953, to 9 June, 1954, that I last saw the deceased alive on 8 June, 1954, and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE Morton L. White (Degree or title) M.D. ADDRESS 11134 Georgia Ave, Silver Spring, Md DATE SIGNED 9 June 54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 6/12/54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 6/9/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS The L. H. Hines Co - 2901-14th St. N.W. D.C.

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05753

5766 CERTIFICATE OF DEATH Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY [illegible] MARYLAND
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1505 "T" St. NW

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Baby Girl WALKER

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 25 June 1954
9. AGE last birthday IF UNDER 1 YEAR Months [illegible] Days [illegible] IF UNDER 24 HRS. Hours [illegible] Min. [illegible] 12 hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George (n) WALKER
14. MOTHER'S MAIDEN NAME: Lenora Jean MAHONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father: George (n) WALKER: Same as #2 above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

IMMEDIATE CAUSE (A) Prematurity (Wgt 4lb 10z) — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1954, to 26 June, 1954, that I last saw the deceased alive on 26 June, 1954, and that death occurred at 2:25A M, from the causes and on the date stated above.

SIGNATURE J.H. NUSSY LTJG MC USN — ADDRESS M. D. U.S.Naval Hospital Bethesda, Md. — DATE SIGNED 26Jun[illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 29 Ju[illegible] 1954 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR [illegible] — REGISTRAR'S SIGNATURE Mary E. Caswell

24. FUNERAL DIRECTOR W.E.Jarvis Funeral Home — ADDRESS 1[illegible] U St. NW [illegible], D.C.

2064231220

Film G167 Item# 9
6/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05754

5767

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montg — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg. Rural
LENGTH OF STAY (in this place): 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg. Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) McKendree (Middle) (Last) Walker

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 19-1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months 7, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Gaithersburg. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Lathan J. Walker

14. MOTHER'S MAIDEN NAME: Eveline King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Irene Walker (Son) Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident (Probably Hemorrhage) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) Senile

Interval Between Onset And Death: 40 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathan C. Walker M.D. — ADDRESS: 7-Brookside, Gaithersburg, Md. — DATE SIGNED: 6-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-13-54 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg. Md.

DATE REC'D BY LOCAL REGISTRAR: June 12, 1954 — REGISTRAR'S SIGNATURE: Amanda L Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. — ADDRESS: Gaithersburg Md.

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

# 5768 CERTIFICATE OF DEATH

06754

Reg. Dist. No. 2-13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Laryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location) 301 W. Montgomery Avenue

3. NAME OF DECEASED: (Type or Print) (First) F. (Middle) BARNARD (Last) WELSH

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 23, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 8 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY: Legal

11. BIRTHPLACE (State or foreign country): Montg. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wallace Welsh

14. MOTHER'S MAIDEN NAME: Margaret A.C. Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Helen T. Welsh-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis coronary cardiac insufficiency — 10 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1915 to June 27 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE W. A. Smithson M.D. ADDRESS Rockville Md. DATE SIGNED June 28/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/30/54 | NAME OF CEMETERY OR CREMATORY Rockville Union | LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR July 14, 1954 | REGISTRAR'S SIGNATURE Dorothy M. Jarboe | 24. FUNERAL DIRECTOR Russell A. Dunphey | ADDRESS Bethesda, Md.

RECEIVED
JUL 15 1954
BUREAU V. S.

05755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 5680 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2502 Jennings Court

3. NAME OF DECEASED: (Type or Print) (First) Tillie (Middle) Bryce (Last) Walp

4. DATE OF DEATH (Month) (Day) (Year) 6 - 6 - 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED W. DOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: May 11 - 1870
9. AGE last birthday 84 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben Walp
14. MOTHER'S MAIDEN NAME: Mary McClurkan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis from C
ANTECEDENT CAUSE (B) DUE TO Carcinoma of right Colon C
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Malnutrition

INTERVAL BETWEEN ONSET AND DEATH: year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1954, to 6-6, 1954, that I last saw the deceased alive on 6-6, 1954, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE Devoe K. Meade M.D. ADDRESS Takoma Park 12, Md. DATE SIGNED 6-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Ship. & burial
DATE THEREOF: June 6, 1954
NAME OF CEMETERY OR CREMATORY: Murraysville Cemetery
LOCATION (City, town, or county) (State): Murraysville, Penna.

DATE REC'D BY LOCAL REGISTRAR: 6-9-54
REGISTRAR'S SIGNATURE: Fletcher Dodd
24. FUNERAL DIRECTOR: Warner E. Humphrey
ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05756

5769

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emory Grove
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emory Grove
STREET ADDRESS (If rural, give location) Gaithersburg, R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Cat. (Middle) Whims W. (Last) First George

4. DATE OF DEATH: (Month) (Day) (Year) June 30 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: July 24 1871
9. AGE last birthday: ~~July 24~~ 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wims
14. MOTHER'S MAIDEN NAME: Elizabeth Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lillie Mae Wims wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 420.1 (a) Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auricular Fibrillation First visit 6.22.54

DUE TO

(c) Cardiorenal Disease uncertain

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1954, to June 30, 1954, that I last saw the deceased alive on June 29, 1954, and that death occurred at 9 P.M. from the causes and on the date stated above.

SIGNATURE Webster Lewell, M.D. (DEGREE OR TITLE) ADDRESS Norbeck Md DATE SIGNED 7.3.54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-3-54
NAME OF CEMETERY OR CREMATORY Rocky Hill
LOCATION (City, town, or county) (State) Clarksburg, Md.

DATE REC'D BY LOCAL REG. July 3, 1954
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 6 1 4
BUREAU V. S.

65757

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

5770 FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Clopper Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'g; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) Clopper Rd

3. NAME OF DECEASED (Type or Print): (First) Nathan; (Middle) Smith; (Last) White

4. DATE OF DEATH: (Month) June; (Day) 12; (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1-22-76

9. AGE last birthday: 78 yrs.; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Asst. Manager

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan S White

14. MOTHER'S MAIDEN NAME: Julia Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Jack White (Son) Gaithersburg Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | Minutes |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | death |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Borchart M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-14-54; NAME OF CEMETERY OR CREMATORY Forest Lawn; LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. June 12 1954; REGISTRAR'S SIGNATURE Amelia L. Cook

24. FUNERAL DIRECTOR Forest Lawn Cemetery Co; ADDRESS Gaithersburg Md

RECEIVED
JUN 17
[illegible] V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05758

5771 CERTIFICATE OF DEATH Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin Johns
LENGTH OF STAY (in this place) 1 1/2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6514-78th Street

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin Johns
STREET ADDRESS (If rural give location) 6514-78th Street

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) E. (Last) Wilson

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3/6/83

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk, Ret.

10b. KIND OF BUSINESS OR INDUSTRY: E. B. Adams Co.

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Wilson

14. MOTHER'S MAIDEN NAME: Rosa Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Frances E. Gilliam #11111-Dodson Lane, Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic Carcinoma (Primary Focus Left Submaxillary Gland)

DUE TO (c)

(over)

Interval Between Onset And Death: 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 June, 1954, to 18 June, 1954, that I last saw the deceased alive on 18 June, 1954, and that death occurred at 10:59 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Zack W Sanders MD Cabin John, Md. 18 June 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6/18/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Mt. Rainier, Md.

DATE REC'D BY LOCAL REGISTRAR 6/19/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Talley's Funeral Home, Inc. 3200 R.I. Ave., Mt. Rainier, Md.

VS. A15

Patient has been under the care of Dr Benjamin S. Miller, Mt Rainier, Md. for several years and Dr Miller concurs in the medical certification on reverse side.

Zack W Sanders MD
Calvin Cahn MD
18 June 1954

MARYLAND

5772

05759

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buffalo
STREET ADDRESS (If rural, give location) 18 Willow Place

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) ------- (Last) Wuendsch

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 26 Feb 1905

9. AGE last birthday 49 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer

10b. KIND OF BUSINESS OR INDUSTRY Steamship Co.

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Wuendsch

14. MOTHER'S MAIDEN NAME Agnes Koenig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. 178-14-6874

17. INFORMANT AND ADDRESS The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Post-operative mitral valvulorrhaphy; (ventricular fibrillation during surgery)

Antecedent cause(s) for Mitral insufficiency

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) Rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 24, 1954

19b. MAJOR FINDINGS OF OPERATION Mitral regurgitation without stenosis; left ventricular hypertrophy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1954, to June 24, 1954 that I last saw the deceased alive on June 24, 1954, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE Valery Hollet Jr. (Degree or title) ADDRESS The Clinical Center, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 6-25-54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Buffalo, New York

DATE REC'D BY LOCAL REG. 6/26/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5681

## CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia 47X-3
STREET ADDRESS (If rural give location) 1216 Madison St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (none) (Last) Wurzbacher
4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-23-79
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wurzbacher
14. MOTHER'S MAIDEN NAME: Caoline (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1954, to June 18, 1954, that I last saw the deceased alive on June 17, 1954, and that death occurred at 8 25/2 M, from the causes and on the date stated above.

SIGNATURE Jason Geiger M. D. ADDRESS 931 Perking Drive Silver Spring, Md. DATE SIGNED 6-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 6/21/54 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6/18/54 REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St. N.W. D.C.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 21 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5682 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 25 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 47X-3
STREET ADDRESS (If rural give location) 916 16th Street Room 609

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (None) (Last) Wyness
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1954
5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3·19·69
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: John L. Elmendorf
14. MOTHER'S MAIDEN NAME: Eliza Knorr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Not Known
17. INFORMANT & ADDRESS: Washington Sanitarium + Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

176X

IMMEDIATE CAUSE (A) Adenocarcinoma of Vulva — 2 yr

ANTECEDENT CAUSE (S) DUE TO (B) c̄ metastasis to bones

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Path. fracture rt. pubis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1954, to 6-28, 1954, that I last saw the deceased alive on 6-27, 1954, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE Paul V. Starr M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 30, 1954 NAME OF CEMETERY OR CREMATORY Kingston N.Y. LOCATION (City, town, or county) (State) Kingston N.Y.

DATE REC'D BY LOCAL REGISTRAR 6/28/54 REGISTRAR'S SIGNATURE J. Nelson Dodd 24. FUNERAL DIRECTOR Joseph Powder's Son's ADDRESS 1750 PA Ave N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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JUN 30 1954
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